

FACILITATOR'S MANUAL

CTD - MEDIA TRAINING FOR INFORMATION, EDUCATION, AND COMMUNICATION (IEC) OFFICERS

Workshop on Effective Media Engagement for TB Control

August 2014

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Background

The FHI 360-managed Behavior Change Communication – Improving Healthy Behaviors Program (IHBP) in India project is funded by the United States Agency for International Development (USAID)/India. IHBP aims to improve the adoption of positive healthy behaviors through institutional and human resource capacity building of national and state institutions and through development of strategic evidence-based social and behavior change communication (SBCC) programs for government counterparts.

IHBP provides technical assistance to develop sustainable national and state-level institutional capacity to design, deliver, and evaluate strategic evidence-based BCC programs that will:

- Increase knowledge and attitudes of individuals, families, communities, and health providers about health
- Promote an environment where communities and key influencers support positive health behaviors
- Reduce barriers of vulnerable populations, for example, women, people living with HIV (PLHIV), and tuberculosis (TB) patients, to demand and access health services

This Media Training Manual has been designed for IEC Officers working within the Ministry of Health and Family Welfare's (MOHFW) Information, Education, and Communication (IEC) Division.

The goal of the Media Training Workshops is to motivate IEC Officers to develop their capacity as they work toward “TB-free India” and to utilize the opportunities available in the Indian media landscape to effectively communicate, publicize, and highlight the ongoing programs and initiatives for TB control and prevention.

How to prepare for the training

- Identify participants who will be part of the training.
- Send out (e-mail) to participants the file titled **PRE_WORKSHOP QUESTIONNAIRE**. Participants need to fill out the questionnaire and send it back in a week's time.
- Analyze the responses and understand the participants' media awareness and key expectations from the training.
- Send across the two-day agenda of the training workshop along with other details (time, dates, and venue) to all the participants at least two weeks in advance.

Venue

- Organize the workshop in a well-ventilated and spacious venue, as the training is conducted over two days and the room should not feel suffocating.
- Ensure that projector, microphone, speakers, and other IT equipment are in working condition.
- Provide stationary (notepads and pens) to participants so that they can take notes.
- Make tea, coffee, and water constantly available for all the attendees to help themselves.

How to use this Media Training Manual

Training content and facilitator's instructions are included in this Facilitator's Manual as well as in the accompanying PowerPoint presentation (PPT) that facilitators can use. Complementary content and practical tools specific to each session of the Media Training Workshop and participant handouts are also included in this Facilitator's Manual.

The Manual covers the training in **seven sessions**:

Session 1: Welcome and Introduction

Session 2: Journalism, Journalists, and What is News

Session 3: Media Speak

Session 4: Media Engagement - Role of Spokesperson

Session 5: Media Simulation and Toolkit

Session 6: Crisis Communication

Session 7: Summary and Wrap-up

Each session in the manual contains the following sections:

1. Learning objectives
2. Session overview
3. Materials needed
4. Advance preparation
5. Handouts/Activity

Session 1: Welcome and Introduction

Total time: 2 hours

Learning Objectives

By the end of the session, participants will be able to:
(see **PPT for Session 1, slide #8**)

- Understand the importance of media
- Describe why media is important for the Revised National Tuberculosis Control Program (RNTCP)
- Name three emerging trends in media
- Identify five key media houses
- Know how a typical media house is organized
- Understand the news cycle of a newspaper/magazine

Session Overview

	Duration
1.1 Welcome	10 minutes
1.2 Participants' Introduction	20 minutes
1.3 Pre-Test	15 minutes
1.4 Overview of the Media Training Workshop	15 minutes
1.5 Introduction to Media	45 minutes
1.6 Group Activity and Summary	15 minutes

Materials Needed

- LCD projector and laptop
- Name tags
- Participant registration forms
- Cards
- Flip chart sheets and markers
- Participant handouts, including hard copies of the PPT
- Pre-test sheets
- Activity sheet #1

Advance Preparation

- Ensure that all training logistics are arranged prior to conducting the workshop.
- Create a question-and-comment box for participants to use.
- Develop a workshop schedule for participants. Be sure to insert dates, start and end times, breaks, lunch, and any other activity.
- Write the boxed text on the flip chart and/or utilize the PPT slides that correspond to the text.
- Make copies of participant handouts, pre-test sheets, and PPT slides.
- Have the relevant cards/video films/audio-visual aids ready and available for use.

Handouts

- Workshop schedule/agenda
- Pre-test sheets
- Media training handouts
- Activity sheet #1

1.1 Welcome

Total time: 10 minutes

Instructions

- Welcome participants to the Media Training Workshop.
- Explain that with the increasing role of media in healthcare, particularly in TB care and control, it is imperative and urgent for all of us to recognize the need for proactively engaging with media. MOHFW's Central TB Division (CTD) aims to achieve universal coverage in India with the support of all sectors, including media. This training curriculum is a step toward supporting CTD in realizing its vision for TB-free India.
- Share that the Media Training Workshop is designed to motivate and develop the participating IEC Officers' capabilities to utilize the opportunities available in the Indian media landscape to effectively communicate, publicize, and highlight the ongoing programs and initiatives to control TB.
- Explain that this workshop was designed as a result of the retrospective study that CTD commissioned to examine Indian media's TB coverage through September 2012 to August 2013. The study lent valuable insights on how the media was covering TB in India.
- Have the facilitators introduce themselves to participants.
- Review workshop logistics, for example, workshop space, restrooms, meals, and transport, and address any related queries from participants.
- Distribute workshop agenda; review and answer any questions.
- Inform participants that they must feel free to ask if they have questions at any point in time. If the group comes up with discussion points beyond the scope of the workshop agenda, they can note and place the topics in the parking lot. These topics will be addressed at a later stage.

1.2 Participants' Introduction

Total time: 20 minutes

Instructions

- Ask the participants to form a pair with someone they have not met before.
- **Turn to PPT for Session 1, slide #2.**
- Explain that each pair will have five minutes to get to know each other and will then introduce their partner. Ask the participants to be prepared to tell the group their partner's name, where he/she is from, and for how many years has he/she been involved in advocacy, communication, and social mobilization (ACSM) for RNTCP. Reconvene and ask the participants to introduce their partner to the larger group.
- Write down on the flip chart each participant's years of experience in RNTCP.
- After everyone has shared their information, add up the total years of experience of the participants in the room and acknowledge their vast experience.
- **Refer to PPT for Session 1, slide #3.**
- As another introductory activity, ask the participants about their expectations from the workshop. Have each one write this down on a sheet of paper and hand it over to the facilitator.
- List and read out all the points put down by the participants. Acknowledge their inputs.
- **Turn to PPT for Session 1, slides #4–5.**
- Explain the goal and objectives of the training workshop. Also clarify if some of the participants' expectations do not meet the training objectives.

Media Training Workshop

Goal: Develop the capacity of RNTCP personnel to effectively engage with media to communicate, publicize, and highlight the ongoing programs and initiatives to control TB.

Objectives:

- To understand the Indian media environment and its importance in RNTCP and to learn media engagement techniques and messaging
- To equip participants with media tools and training to effectively and accurately deal with media

Participants will:

- Learn about how the media is growing in India and what makes for "news" in health issues like TB
- Learn how to deal with journalists: Who are they and what do they want from CTD?
- Learn how to support the spokesperson for RNTCP in their area: What are the role and responsibilities of officials?
- Learn how to manage a crisis: How to communicate with media during a crisis?

1.3 Pre-Test

Total time: 15 minutes

- PPT for Session 1, slide #6

Handout

- Pre-test form

Instructions

- Explain that the participants will complete a pre-test to enable mapping of current knowledge level with the post-session level.
- Hand out the pre-test form to each participant, and ask them to complete it individually. Collect the forms after 15 minutes or when all the participants have completed the pre-test.

1.4 Overview of the Media Training Workshop

Total time: 15 minutes

Handout

- Media Training Handout #1: The Health Time Bomb

Instructions

- Explain that the participants will now be given an overview of the Media Training Workshop. Describe how the evidence-based approach has led to the development of the workshop as part of the best practices being adopted by CTD. Turn to **PPT for Session 1, slide #7**.
- Refer to **PPT for Session 1, slides #8–12**. Provide an overview of the media analysis of TB reportage, the key takeaways and conclusions, inferences, and the training needs assessment (TNA) questionnaire, finally arriving at the learning objectives.

- Explain in detail the material presented on **PPT for Session 1, slide #9**, highlighting the following conclusions:

- Media is **receptive of positive developments** in the initiatives to eradicate TB.
- Media should thus **be kept regularly informed** of the measures taken by the government to tackle the disease.
- The **role of government/health authorities** is well received by media, and their inputs are considered most credible.
- Leading **doctors treating TB are the key opinion drivers**. They should be kept informed of the developments in the area.
- English dailies should be tapped for disseminating national announcements and important/exclusive information. Hindi and regional media should also be constantly reached out to.
- TB as a subject is important for the media that covers the **“health beat”**. As there is **dearth of new information**, any new developments should be shared with them.
- Media is always on the lookout for **topical information** on the disease, such as new virus, treatment breakthroughs, vaccines, and informative data.

- Now refer to **PPT for Session 1, slide #11** and explain the inferences that have been drawn.
 - It is evident from the analysis that despite being widespread in India across demographics and geographies, TB does not enjoy top-of-the-mind space in the media or public at large. The attention TB receives from media is not commensurate with the seriousness and prevalence of the disease.
 - Certain diseases, such as HIV/AIDS and polio, are given a prominent place by media due to a range of factors, including government initiatives, World Health Organization (WHO) initiatives, support from international donors and grants, large-scale investments in research and development (R&D), research reports and studies, and celebrity endorsements.
 - TB does not get as much coverage, perhaps because it is not as dramatic and visibly crippling as polio or is not transmitted through sex or as controversial as HIV/AIDS. Therefore, the challenge is to pique media interest in a disease that is not as “interesting” as polio or HIV/AIDS. Further, no new treatments have been developed for TB in the last 50 years; new treatments make important stories in the media.
- Turn to **PPT for Session 1, slide #12**. Discuss the TNA questionnaire in detail, leading to the need for the workshop.
- Hand out **Media Training Handout #1 - The Health Time Bomb** and explain that the global TB control program has come a long way but more needs to be accomplished. This handout narrates some of the initiatives taken globally as well as points to some existing gaps and

needs that requires urgent attention. Among the needs highlighted is that for proactive engagement with media as a partner.

1.5 Introduction to Media

Total time: 45 minutes

Handout

- Media Training Handout #2: Emerging Trends in Media

Instructions

- Explain the session objectives, that is, understanding the importance of media, how it operates, and what “drives the media”. Use **PPT for Session 1, slides #13–14** to explain.

- Highlight and discuss in detail how the media is a **key influencer** that builds and shapes perceptions in the public domain. Talk about the following:

- A **proactive** and **partnership approach** with the media is required to improve public opinion and action to combat TB in India.
- Explain terms like “proactive” further as “taking the lead and not waiting for the media to ask”. Similarly, explain “partnership approach” as one where CTD will involve and engage the media in its programs and initiatives right from the start, and not merely invite the media at the end of the program or initiative. Taking a partnership approach can also refer to building real relationships with the media, where you take the time to get to know the journalists and their priorities and respond to them. It is a two-way exchange, where CTD helps meet the journalists’ news needs and the media helps CTD by giving coverage to TB issues.
- There is a need to constantly reinforce awareness about CTD and its initiatives.
- The media can help CTD reach out to new audiences: patients, doctors, government stakeholders, ministries, and the general community at large.
- CTD must be able to effectively respond to media needs and deal with crisis situations.

- Turn to **PPT for Session 1, slide #15**, which presents a graphic representation of media’s ecosystem. It explains how the media ecosystem is changing and how audiences are playing an important role in creating news and reporting it through various online platforms.
- It also demonstrates how the news is gathered at the grassroots/ground level; how it reaches the media, be it newspaper, radio, television, web, or wire services; and how it is then shared in the public domain.
 - The news can be in the form of reports, commentary, or analysis but it would be based on facts, which are checked and re-checked at every stage.
 - Individual and community blogs are becoming equally important means for sharing news. (*Examples of blogs and their importance may be shared here. Facebook and other social networking platforms are also important to mention here.*)
- **PPT for Session 1, slides #16–24** present the exciting story of “emerging trends” in media. This content may be explained with a degree of excitement and fascination as the media in India is passing through a truly revolutionary phase.
 - Turn to **PPT for Session 1, slide #16**. Nowhere else in the world is the media growing as vibrantly and diversely as in India! However, the “corporatization” of media is generating its own share of problems.
- Hand out to the participants the **Media Training Handout #2 - Emerging Trends in Media**. Explain that the media environment in India has rapidly changed and is still in flux. Also discuss how it can influence the TB agenda in India.
- Ask participants about the various types of media they have known and experienced. Use a flip chart to note the responses and explain using **PPT for Session 1, slide #17**.

Types of media

- Print media (newspapers, magazines)
- Electronic media (television, radio)
- New/social media (Internet and mobile phones)
- Wire services
- Trade media

- Refer to **PPT for Session 1, slides #18–25**. Take the participants through print media, electronic media, and the Internet. Discuss how each media is growing and what they are covering across the country.
- Explain to the participants that print media forms a significant part of the country's media, with over 350 million Indians reading print publications; 53% of this population is from rural areas.
- As the television media is growing day by day, newspaper are focusing more on exclusive, in-depth, and analytical stories.
 - The difference between English and Hindi media can be highlighted. In print media, Hindi and vernacular publications dominate the space — 50% of the publications are in Hindi, compared with only 17% in English. The readership of newspapers versus viewership of television can also be discussed here. You may also talk about preferences and the impact of each media.
 - Internet or the world wide web (www) is a world in itself. You may discuss websites, blogs, and the rising importance of social media sites like Facebook, Twitter, and LinkedIn with examples.
 - Encourage participants to share their experiences of working with media.
 - Ask them to narrate a news story that they read or heard this morning or yesterday. Ask about its source. Do a quick poll of participants to determine how many got their news from the Internet, print media, or television. For print media, ask how many got their news from English versus Hindi/vernacular publications.
- The diversity of media in India is dealt with in **PPT for Session 1, slide #21**, which focuses on regional media.
 - Talk about how and why the regional media is growing as well as the growth story of media in different languages and regions. As different geographical regions in India have thrived and prospered, regional media has seen strong development. Take the example of Tamil Nadu, whose rich, vibrant media reflects the economic growth of the state and the pride its people have in their language. Similar is the story of other regional languages and their media. However, there are challenges in dealing with regional media. The need to “speak” the same language and to provide CTD information in regional language is critical.
 - Explain the difference between English-language journalists and regional journalists. There are differences in status, role, and expectations. It is important to build strong relations with regional media players at all costs, as they are the key stakeholders we work with.
- Turn to **PPT for Session 1, slides #22–25**. Inform participants about the “key media houses”, the “top 10 Indian publications”, the “top daily newspapers”, and the “key regional media”.
 - Emphasize the fact that Hindi publications cover a majority of the readership, with *Dainik Jagran*, *Dainik Bhaskar*, and *Dainik Hindustan* topping the list in terms of reach. *The Times of India* is among the highest selling English-language dailies, reaching 7.61 million readers.
 - Familiar media names as well as new, unfamiliar ones may be discussed. Participants can share what they themselves read and view and which media houses or daily newspapers they are aware of.
- Using **PPT for Session 1, slide #26**, explain how regional media are distributed across the country and there is no single major player. *Dainik Jagran* dominates in the north, *Dainik Bhaskar* in the west and central India, and *Malayalam Manorama* in the south. To ensure national coverage, we will have to reach out to all the regional media leaders too.

- English-language media and regional media may be compared once again to highlight the growing importance of regional media across the country.
- The implications for CTD may also be discussed here. As it deals with nationwide media, CTD must be sensitive to the needs of regional media and treat it at par with national media.
- **PPT for Session 1, slides #26–28** give participants a close look at how media organizations are structured.
 - The role of the Editor in national print media is discussed and contrasted with the role of the Resident Editor/Chief of Bureau in regional media, and, finally, with the Chief of Bureau in a City Edition of a regional publication. (The Bareilly city edition of *Dainik Jagran* is taken as an example.)
 - Participants are informed about the key media personnel and **who** they should be contacting and approaching for “stories on TB”. In the national media, the Editor and News Editor may be contacted for news coverage, while the Features Editor may be approached for interviews and features. In the regional media office, the Resident Editor and the Chief of Bureau are the key media persons with whom relations should be established and maintained.
 - The discussion will now focus on the “**news cycle**”: How does a newspaper function? How does it prepare the news it has gathered? What are the timelines?
- Turn to **PPT for Session 1, slides #29–30**.
 - Explain that the news cycle is of critical importance, whether it be for approaching the newspaper or for inviting journalists to a CTD event. We must know “what hours” they function and “when” they should be contacted.
 - Through these slides, the participants will know “how” the media is structured, “who” they should contact, and “when” they work.
 - The difference between each medium is made clear through **PPT for Session 1, slide #31**. Having acquired a better understanding of the different types of media, participants can now discuss the merits of each.
-

Facilitator note: For State TB Officers (STOs) and State IEC Officers (SIECOs), it is important to know that every type of media has its own advantages and disadvantages, and one cannot be seen to be better than the other in all circumstances. Hence, it is wise to engage a combination of media, based on the specific communication needs and the audience.

1.6 Group Activity and Summary

Total time: 15 minutes

Handout

- Activity Sheet #1: Naming the Top-Line Media

Instructions

- Distribute **Activity Sheet #1 - Naming the Top-Line Media** to participants, and ask them to answer questions related to the presentation they have just gone through.

Summary

- Refer to **PPT for Session 1, slide #32**.
- The introductory session motivates the participants and knits them together as a group through introductions and activities.
- Overview of the Media Training Workshop provides comprehensive information about how the workshop will empower participants with deeper knowledge and insights about media and help them effectively engage with it.
- Participants are made aware of the importance of engaging with media, which is growing in print, electronic, and digital formats. The position of English-language media and the rise of regional language media show the depth and reach of Indian media. Both national and regional media leaders must be approached to ensure nationwide coverage.
- With the ongoing “corporatization” of media, the role and responsibility of media persons is also changing. Media houses are no longer investing in journalists or news coverage; this has major implications for media engagement.
- Among other important issues shared with participants to familiarize them with a typical media organization were: What is the structure of a typical media organization? What is “news cycle”?

Session 2: Journalism, Journalists, and What is News

Total time: 1.5 hours

Learning Objectives

By the end of the session, participants will be able to:

(see **PPT for Session 2, slide #3**)

- Understand the basic principles of journalism — truth, objectivity, fairness, facts, and communication
- Know the perspective of journalists and their expectations
- Grasp the elements/ingredients of a “good” media story
- Comprehend what makes for news
- Identify the “news value” of the information offered to media

Session Overview

	Duration
2.1 Principles of Journalism	15 minutes
2.2 Who Are Journalists? What Do They Want?	15 minutes
2.3 What Makes for a Good News Story?	20 minutes
2.4 Understanding News: Issues That Make News	20 minutes
2.5 Group Activity and Summary	20 minutes

Materials Needed

- LCD projector and laptop
- Flip chart sheets and markers
- Hard copies of the PPT
- Copies of local newspapers in English and regional languages
- Activity sheet #2 with news clippings

Advance Preparation

- Write the boxed text on the flip chart and/or utilize the PPT slides that correspond to the text.
- Make copies of the participant activity sheet #2, news clippings, and PPT slides.

Handout

- Activity Sheet #2 - News and News Value

Session 2.1 Principles of Journalism

Total time: 15 minutes

Instructions

- Provide the session overview with **PPT for Session 2, slide #2** and the learning objectives with **slide #3**.
- Use the day's local newspapers, in English and regional languages, to showcase how journalism continues to grow and the various kinds of stories getting prominence over others. Refer to **PPT for Session 2, slide #4**.
- Participants can be asked to share their own opinions and experiences as readers of different newspapers. Their belief in what is printed in a newspaper is an affirmation of the newspaper's credibility to provide unbiased news.
 - It may be useful to have a discussion on how media can actually be biased at times, and how that could affect TB coverage. Certain news networks are conservative, while others are liberal, and this affects the types of stories they tend to cover and the different perspectives they take on a story.

2.2 Who Are Journalists? What Do They Want?

Total time: 15 minutes

Instructions

- In dealing with journalists, who are professionals in their own right, the participants must empathize with them and understand their professional commitments and demands, including deadlines. These are explained in **PPT for Session 2, slides #5–8**.
- Journalists are “generalists”, and participants need to recognize the context in which they function and are expected to file their reports.
- Turn to **PPT for Session 2, slide #7**. Tell the participants that all journalists are not the same. They differ in their nature and preferences — some are clearly sensationalist and focus on emotion, while others raise controversies involving different establishments.
- Words of caution must be exchanged here, as participants would soon be dealing with “real-life” journalists.

All journalists are not the same and can differ along the following lines:

- **Well informed**
 - Research and information driven
 - Always comes prepared
- **Columnist or commentator**
 - Opinionated
 - Controversial
- **Sensationalist**
 - Tabloid reporter
 - Focuses on emotion
- **Follow-the-pack**
 - Lets others define the line of questioning
 - Has superficial knowledge
- **Ideological**
 - Driven by an agenda

The facilitator should discuss the implications for TB coverage in view of the above. A journalist who is opinionated and has reported negatively about TB and government initiatives should be approached cautiously and with good background preparation. It is also important to remember that journalists have their own style of questioning, and we should be well prepared while interacting with them.

- Turn to **PPT for Session 2, slide #8**. Participants must understand the human nature of journalists as they begin interacting with them.
- Ask participants to share some of their experiences of engaging with journalists.
- Turn to **PPT for Session 2, slides #9–13**. Inform participants that journalists receive thousands of messages from different sectors. The journalists are bombarded with corporate messages. Of the multitude of stories, there are some that journalists have to cover, some that they want to cover, and others that you have to convince them to cover.
- Tell participants that the definition of a “good” story may be different for a journalist, and we must understand their perspective to be able to give them a good story. Remember, the journalists’ or news reporters’ motives are simple: they want to produce a good story and then they want to go home.
- It is also important to map where the journalist is coming from, and what he/she is more likely to report.

- Refer to **PPT for Session 2, slides #12–13**, which underscore the importance of a “good story” that journalists desire and how well prepared the participants have to be while engaging with them.
- These “home truths” have to be emphasized, as there is no room for complacency or taking the media for granted. Tell participants that despite all the efforts, various reasons, such as deadline pressure and a more important agenda, may result in your story not being covered the way you want. However, there are things that you can do to increase the chances that your story will be accurately covered, such as ensuring that facts are correct and to-the-point and maintaining clear and consistent communication with journalists. You could also consider doing pro-active briefings/trainings for journalists on TB issues; this can help to ensure that they cover TB issues correctly.

2.3 What Makes for a Good News Story?

Total time: 20 minutes

Instructions

- The graphic on **PPT for Session 2, slide #14** makes it clear that journalists provide CTD the all-important bridge to communicate effectively with the intended audiences. Emphasize to the participants that journalists are the medium through whom they can reach out to their audiences. Journalists are also the medium for effective media engagement.
- The intended audience could be readers, viewers, or listeners. It is crucial that CTD's key messages reach these audiences through journalists. (*"Key message" is an important concept that will keep recurring through the workshop; participants should be made aware of its significance at every stage.*)
- Refer to **PPT for Session 2, slides #15–16**. Explain to participants that from what we understand about media, journalists, and their need for "good" stories, let us look at how best you can craft your story for use by media. When telling your story to the media, there are a number of ways to improve your success rate. Firstly, it helps if you have angled your story so well that it has a unique headline, one that is unlike all others. The next approach is to think of a "logline" for your story.
- Participants must look at local newspapers to see the range and width of the reported news stories.
- A short discussion on the merits and demerits of news stories can be conducted. News stories, especially those relating to health and social sector, are often slanted and negative. Attention of participants must also be drawn to how TB news stories are drafted and what is the cause of negative coverage (fact or statement), if any.

2.4 Understanding News: Issues That Make News

Total time: 20 minutes

Instructions

- **PPT for Session 2, slides #17–20** focus on the question of what makes news and what are the opportunities before CTD to “make news” in today’s day and age.
- Participants can see the innumerable ways in which news is created and reported, with special focus on disease and health reporting.
- Tell participants that to make news, the information must say something important and interesting for the media and the audience. There are many burning issues that gain a lot of attention, such as those related to poverty, economic issues, politics, disasters, and outbreaks.
- In the case of TB, the participants must know that the information must be “newsworthy” and be able to compete with other important stories. From the news trends it has been observed that newsworthy stories relate to positive issues like developments of new drugs, diagnostic techniques, and breakthroughs, but also cover negative issues like epidemics and outbreaks.
- Ask participants what they think are the attributes of a good news story for media. Make note of the participants’ responses on a flip chart. Turn to **PPT for Session 2, slide #18** and tell participants that in general a good story “hooks” and has attributes that make it a compelling story. Participants should realize that positive “hooks” lead to positive news stories in the media. Hence, CTD’s endeavor should be to provide many positive facts and quotes to the media to ensure a positive slant for TB-related news stories. CTD officials can provide information about positive developments in governmental TB programs to initiate such stories.
- Turn to **PPT for Session 2, slide #19**. Share with participants that all great stories have some key elements. The first key element of a story is its setting, which provides important details about the place and the time the story takes place. Such facts and details make a story credible and authentic and help paint a full picture.
- **PPT for Session 2, slide #20** relates to how we learn, retain, and recall different issues and stories. Emphasize the importance of creating an “experience”, as news stories are also an experience for the readers/viewers.

2.5 Group Activity and Summary

Total time: 20 minutes

Handout

- Activity Sheet #2: News and News Value

Instructions

- Distribute copies of **Activity Sheet #2 - News and News Value** to participants, who may be divided into groups.
- Share copies of different news clippings with participants.
- Ask participants to assume the role of a News Editor who has to prioritize news clippings and present it to his/her readers.
- Participants have to explain why they gave importance to a particular news clipping. (What is it in a news story that makes it important?)
- Participants have now got first-hand experience of how news is selected. All the news clippings may be important, but some are more important than others.

Summary

The facilitator must now provide participants the key take-home messages of the session.

- All journalists are not the same. Not all are looking for controversial or sensationalist stories. It is important for us to research the journalists' work before approaching them.
- Journalists look for a good news story.
 - Government departments/agencies have to fight for media attention and coverage. You should provide journalists with positive and newsworthy stories about CTD's work.
 - A good news story is one that is topical, of regional/national relevance, and has a human interest.

Session 3: Media Speak

Total time: 1.25 hours

Learning Objectives

By the end of the session, participants will be able to:

(see **PPT for Session 3, slide #2**)

- Understand how the Indian media is covering TB
- Come face-to-face with a senior media person (opportunity for personal interaction and Q&A session with a guest speaker on media-related issues)

Session Overview

	Duration
3.1 How Is Indian Media Covering TB?	15 minutes
3.2 Address by a Senior Media Person/Journalist	60 minutes

Materials Needed

- LCD projector and laptop
- Flip chart sheets and markers
- Hard copies of the PPT
- Any other materials that the guest speaker may request

Advance Preparation

- Keep clippings of health-related articles that appeared in local newspapers over the last one week.
- Write the boxed text on flip chart and/or utilize the PPT slides that correspond to the text.
- Make copies of the PPT slides.

Activity

- Question and answer (Q&A) session of the participants with the guest speaker

3.1 How Is Indian Media Covering TB?

Total time: 15 minutes

Instructions

- Welcome participants to the third session, titled Media Speak, with focus on the question of how the media is covering TB in India.
- Refer to **PPT for Session 3, slide #2** to provide session overview and learning objectives.
- Refer to **PPT for Session 3, slides #3–11** to expose participants to a deeper level of analysis of TB news coverage. This information brings into focus the reality of media coverage of TB; the issues and topics discussed in Session 2 can also be related with this information.
- Inform participants about the media content analysis that was conducted by CTD. Its findings indicate that among the various media establishments in the country, *The Times of India* emerged as the leading national publication that covered TB. Also share the media content analysis findings about the media coverage being favorable, unfavorable, or neutral. The details are shared on **PPT for Session 3, slide #4**.
- **PPT for Session 3, slides #4–5** highlight the FNU analysis, which refers to analysis of the favorable, neutral, or unfavorable angle of news reporting by publications and journalists.
- As they are working under RNTCP, participants must know the journalists who write on TB issues. This understanding will help them establish good relationships and know just who to contact to effectively engage on an issue/subject.
- **PPT for Session 3, slide #6** introduces participants to the key journalists who are writing on health topics. As discussed earlier, apart from knowing journalists' names, we must also know about their background and what kind of news stories they have written in the past.
- Using details, **PPT for Session 3, slides #7–11** may be explained to participants, who can now relate to the significance of sources and messages in news coverage on health and TB issues.
- Tell participants that TB messages for media can have various sources. Healthcare providers, NGOs, and national and local government are the major sources of these messages. Further, messages can be favorable as well as unfavorable.
 - Distribute the health-related newspaper clippings that have been collected over the past one week. Ask the participants to discuss why some sources put out more positive or negative messages than others. One question to think over could be: Why are the majority of messages from healthcare providers positive but the majority of messages from patients negative?
- Participants may be engaged by asking them to share their own experiences, opinions, and views on news coverage. This can help the session become more participatory.

3.2 Address by a Senior Media Person/Journalist

Total time: 60 minutes

Instructions:

- **Selection of journalist and briefing:** The facilitator must ensure that the journalist selected for the interaction should have intensively reported on the health sector. A mainline and regional print media journalist is preferred. The journalist needs to be briefed about the background of the workshop, the participants, and their expectation from the interaction. The facilitator should also ask the journalist to talk about his/her experience of covering TB-related news and the daily routine of how a journalist functions in capturing, validating, and documenting news. The journalist can also share his/her experience of working with communication officials of government departments and the challenges faced by media personnel in covering TB-related news. He/she may also provide the participants tips to engage the media more effectively by keeping in mind the perspective of journalists.
- Welcome and introduce the journalist who has been invited as guest speaker for the session. The journalist's name, designation, key achievements, and knowledge of the health sector should be emphasized during the brief introduction.
- Participants should utilize the opportunity to interact with a senior journalist who is willing to share his/her experiences in the field.
- Projection equipment and hard copies of the journalist's presentation material (if required) must be made available.
- A Q&A session should be conducted after the presentation.
 - Questions should be kept brief and relevant to the subject of TB and/or health topics' news coverage.
 - The guest speaker should be made to feel comfortable in responding to the questions in his/her preferred language and style.
- A vote of thanks should be offered at the end of the session.

Summary

- The session exposed participants to a deeper, statistical analysis of news coverage, with focus on sources and messages and FNU analysis (favorable, neutral, or unfavorable) of media coverage.
- Media content analysis is an important activity to understand how media is covering TB-related key issues; for example, where are treatment, patients' stories, and government infrastructure being covered.
- It is important to understand journalists' context and news preference by knowing:
 - When to call a journalist
 - What information to provide to a journalist
 - Journalists are interested in positive developments and not just sensational stories.
 - One must be prepared to deal with well-researched journalists who may pose difficult questions.

Session 4: Media Engagement - Role of Spokespersons

Total time: 1.25 hours

Learning Objectives

By the end of the session, participants will be able to understand:

(see **PPT for Session 4, slide #3**)

- Qualities of a good spokesperson
- Role of a spokesperson in engaging with the media
- Importance of key messages (standardized messages that are clear and concise)

Session Overview

	Duration
4.1 What Makes for a Good Spokesperson?	20 minutes
4.2 Guidelines for Being a Good Spokesperson	20 minutes
4.3 Understanding Key Messages	15 minutes
4.4 Group Activity and Summary	20 minutes

Materials Needed

- LCD projector and laptop
- DVD player (if required) for screening video films
- Flip chart sheets and markers
- Hard copies of the PPT
- Handouts #3–4 (for activity)

Advance Preparation

- Write the boxed text on the flip chart and/or utilize the PPT slides that correspond to the text.
- Check the DVD player/video film that has to be screened. Ensure that the equipment is working and the film clips do not have any visual or audio problem.
- Make copies of participant handouts and PPT slides.

Handouts

- Handout #3 - Media Dos and Don'ts
- Handout #4 - Key Messages
- Activity # 3 - Case study on media spokesperson

4.1 What Makes for a Good Spokesperson?

Total time: 20 minutes

Instructions

- Welcome participants to the new session focusing on the role of the spokesperson.
- Provide the session overview with **PPT for Session 4, slide #2** and the learning objectives with **slide #3**.
- Emphasize that the focus has shifted from “understanding the media” to “engaging with the media” as spokespersons, who are armed with key messages that have to be communicated on behalf of the organization.
- Discuss about who is a spokesperson. Invite participants to share their thoughts and use the flip chart to write down what they express. Also ask participants about who are the spokespersons for RNTCP.
- Explain the importance of the spokesperson, who speaks on behalf of the organization or the department. In doing so, he/she assumes the role of the organization’s representative. Refer to **PPT for Session 4, slides #4–5**, which emphasize that participants must understand the significance of the spokesperson. A spokesperson must not only have the authority to speak on behalf of the organization but also have certain qualities that make them good spokespersons. For example, they must be good public speakers and be calm, confident, able to “stay on message”, dynamic, professional, and well groomed. There are, however, several other factors to consider when choosing spokespersons. For example, sometimes the need is more for a national spokesperson, but at other times, such as when you are talking to a regional newspaper, a spokesperson from a specific region may be required.
- The concept of custodianship is very important. Participants have to grasp that they become custodians of the organization’s values and reputation when they engage with the media as its spokesperson.
- Custodianship can also be explained as “stewardship” in modern management parlance, where one assumes complete responsibility for one’s actions for the benefit of the organization/department, as highlighted in **PPT for Session 4, slide #5**.
- Turn to **PPT for Session 4, slides #6–7**, which lay emphasis on the responsibility factor for a spokesperson. You must know to what extent you as a spokesperson can speak and where you choose NOT to speak. This is an important learning for participants.
- Explain that these are the very reasons why a spokesperson will be regarded a “good spokesperson” — for having discharged his/her responsibility honorably and according to the parameters that have been set.
- Examples of competent and capable spokespersons may be shared with the audience, including spokespersons who are international (White House briefings, UN or WHO press briefings) and Indian (from political parties, Press and Information Bureau [POB] briefings). A short discussion may be encouraged.
- Discuss with participants to ensure that they have grasped the concepts and ideas shared in the session and the video film. There should be a clear understanding of the mandate (roles and responsibilities) and the qualities required in a good spokesperson.

4.2 Guidelines for Being a Good Spokesperson

Total time: 20 minutes

Instructions

- Refer to **PPT for Session 4, slides #8–9** to explain to participants the guidelines on how to be a good spokesperson.
- Explain each of the points on **slide #8** to underscore the importance of advance preparation, learning, and in-depth understanding required by a spokesperson as he/she engages with the media.

Guidelines for being a good spokesperson

1. Know your subject and key messages.
 2. Prepare notes/speeches if necessary.
 3. Avoid using jargon and slang.
 4. Give sincere and honest answers. If you do not know, clearly say so.
 5. Use words judiciously.
 6. Use examples to demonstrate your point.
 7. Believe in what you are saying.
 8. Stay with what you are comfortable/authorized to speak about.
 9. Show care and concern during difficult situations.
 10. Check if there are any related events happening in the city/country/world that could affect your position on an issue.
 11. Read through your Q&A sheet carefully. There is no “off the record”.
 12. Remember that the audience is the target, not the reporter.
- Participants must realize that their key messages are for the audience, and the press briefing/meeting is the medium through which they will reach their audience. Hence, there is need for preparation, composure, and clear delivery of the key messages.
 - During emergencies/crises, the overall situation may be very dramatic and emotionally charged. Here, the spokesperson will be judged by the calm, rational, and message-oriented approach they adopt.
 - Turn to **PPT for Session 4, slide #9**, which focuses on the personality of the spokesperson and the responsibility that they be well groomed and look and sound confident as they deal with media persons.
 - Highlight the truth in the old adage that practice makes one perfect. Emphasize that spokespersons should practice their replies and be completely familiar with the subject they discuss with the media. Practice will bring the confidence required to be an effective spokesperson.
 - Present **PPT for Session 4, slide #10** and explain to participants that it is very important that spokespersons receive formal training, including mock interviews and practice sessions on handling difficult questions. New spokespersons need comprehensive training that covers all the basics about how to do media interviews. Experienced spokespersons need shorter briefings on specific TB issues/key messages as the need arises.
 - A short discussion may be conducted with participants to elicit their views and experiences, if any, on being spokespersons or assisting other spokespersons.
 - Screen the **video clippings** provided to highlight the above points. Ask participants to discuss whether or not the spokespersons in the video followed all of the recommended guidelines. How could they have improved?

4.3 Understanding Key Messages

Total time: 15 minutes

Instructions

- **PPT for Session 4, slides #12–17** are dedicated to “key messages”, which form a very important concept that has been emphasized throughout the workshop.
- Ask participants to share their experience of developing key messages for the TB program. It could have been during the World TB Day event or in another engagement/experience with the media.
- Based on their experience, ask participants what is a “key message” and what are the important things to keep in mind while developing key messages.

Key messages are the points that you want your audience to remember and react to.
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Key messages should be:

- Clear, concise, and memorable
- Based on facts (answer the questions who, when, where, why, what, and how)
- Aligned with RNTCP vision and objectives

Keeping the focus on a few key messages is crucial.

- Participants should remember these key points, as suggested on **PPT for Session 4, slide #12**, while drafting key messages for media interactions in future.
- **PPT for Session 4, slides #13–16** offer to participants some examples that they may be familiar with, but will appreciate and understand anew through the perspective of key messages.
- Participants should be able to see how factual statements are encapsulating the key messages that are strung together in a structured manner to provide utmost clarity to readers/viewers, who are the ultimate recipients of the messages.
- Participants may engage in discussions as they read out the key message examples stated on **slides #13–16** and deliberate on the choice of words, facts, and statements.
 - Ask participants to analyze some of the key messages to identify the following: who, when, where, why, what, and how. If they are not clear, ask participants how the messages could be improved.
- **PPT for Session 4, slide #16** may be used as a simple exercise to go through all the key messages pertaining to TB that the participants may already know but can now add value to.

4.4 Group Activity and Summary

Total time: 20 minutes

Instructions

- Distribute **Media Training Handout #3 - Media Dos and Don'ts**. Highlight the importance of formal media training for spokespersons and mention that participants will have a chance to do some practice interviews in the next session.
- Emphasize the media-related Dos and Don'ts and reaffirm the learning through the slide presentation.
- This information will be very useful in the following session; participants should be aware of its relevance through these two sessions.
- Use the opportunity to once again encapsulate and reinforce the learning objectives.
- Distribute **Media Training Handout #4 - Key Messages**.
- It presents the key messages pertaining to RNTCP, which the participants are familiar with but can now discuss in light of what they have learnt through the workshop.
- Refer to **PPT for Session 4, slide #17**. Divide the participants into five groups and distribute Activity Sheet #3. Media spokesperson to the groups. Ensure that each group gets a different set of Activity Sheet #3.
- Ask participants to develop key messages for media as per the case studies. They can also use their experience to bring in more information and refine the key messages.
- Ask two groups to present their key messages and discuss the key characteristics of these messages.

Summary

- The session focused on strengthening the participants' understanding of the role of the spokesperson as he/she engages with the media. A responsible spokesperson is authorized to speak to the media and should be trained for this interaction.
- A spokesperson must be well prepared with key facts and figures, have an understanding of the expected questions, demonstrate the ability to confidently present the key messages to the media, and be well versed with the Dos and Don'ts of media interaction.
- A spokesperson shoulders the responsibility of being the representative of an organization or department. It is highly advised that spokespersons practice speaking and delivering the key messages with mock teams before engaging with the media.
- Key messages should be clear, factual, and appropriate to the context and be approved by the competent authority (national/state).
- The importance of understanding, formulating, and presenting key messages has been learnt through examples and activities pertaining to TB in particular and CTD in general.

Session 5: Media Simulation and Toolkit

Total time: 2.5 hours

Learning Objectives

By the end of the session, participants will be able to:

(see **PPT for Session 5, slide #3**)

- Understand message delivery techniques of bridging, flagging, and hooking
- Learn to speak with the media through practice (mock sessions on how to face the camera)
- Understand the tools of media engagement and their application
- Effectively use the media toolkit

Session Overview

	Duration
5.1 Tools of Media Engagement	60 minutes
5.2 Media Simulation Exercise: Mock Sessions on Camera	60 minutes
5.3 Understanding the Media Toolkit	15 minutes
5.4 Group Activity and Summary.....	20 minutes

Materials Needed

- LCD projector and laptop
- Video camera and related equipment, backdrop signage, and dais setting for the media simulation exercises
- Flip chart sheets and markers
- Hard copies of the PPT
- Hard copies of the media toolkit (**TB Resources Toolkit for Media**)
- Copies of activity sheet and participant handouts

Advance Preparation

- Write the boxed text on the flip chart and/or utilize the PPT slides that correspond to the text.
- Check the video camera and related equipment to ensure smooth functioning.
- Make copies of the media toolkit for distribution.
- Make copies of activity sheet, participant handouts, and PPT slides.

Activity

- Media simulation exercises
- Activity Sheet #4 - Facing the Camera
- Understanding the participant handouts in the context of the media simulation exercises and the media toolkit
- Activity Sheet #5 - Drafting a Press Release

5.1 Tools of Media Engagement

Total time: 60 minutes

Instructions

- Welcome participants to the new session focusing on media simulation and use of the media toolkit that has been developed by IHBP, FHI 360.
- Provide the session overview with **PPT for Session 5, slide #2** and the learning objectives with **slide #3**.
- Refer to **PPT for Session 5, slides #4–14** to focus participants' attention on message delivery techniques, as the significance of key messages was already emphasized in the previous session. Participants must be aware that mastery over message delivery techniques is not an end in itself, but only a link to the delivery of key messages, which is the ultimate objective of media engagement.
- **PPT for Session 5, slide #5** provides a graphic understanding of the “inverted” pyramid, which forms the basis for journalistic writing. Here, one begins with the conclusion, from where the “headline” is drawn. Statements of fact are then introduced. Participants must adhere to thinking, writing, and speaking in this “inverted” pyramid fashion and constantly refine their presentations to the media.
- From **PPT for Session 5, slide #6** onwards, participants learn the delivery techniques of “bridging”, “flagging”, “hooking”, and “turning the tables” while interacting with media. These techniques help participants to take control of the conversation/interaction with media. Once again, the more they practice, the more they will become adept at managing media.
- Refer to **PPT for Session 5, slide #7**. Bridging means taking the discussion away from the original question and moving it in the direction you want to take it. However, if you are not careful while doing this, you may end up looking evasive. The best bridging starts with an acknowledgement of the question and then moving on, instead of ignoring the question altogether. **PPT for Session 5, slide #8** gives a list of ideas that can help the spokesperson effectively utilize the bridging technique.
- Turn to **PPT for Session 5, slide #9**. Flagging is a form of emphasis. As listeners generally understand and retain so little of what you say, you must cue them when you are making the key points. **PPT for Session 5, slide #10** gives suggestions on how to utilize the flagging technique.
- Turn to **PPT for Session 5, slide #11**. Hooking involves forcing a follow-up question to set the stage for a key message. In other words, it influences the next question. **PPT for Session 5, slide #12** gives suggestions on how to utilize this technique.
- Participants may contribute with their own experiences and find their own verbal expressions, which have the same impact as being explained through the slides.
- **PPT for Session 5, slide #13** provides an opportunity to engage the participants in “storytelling”: How best can they narrate CTD stories with key messages but no jargon or clichés? A short discussion may be conducted to involve the participants and familiarize them with the challenges in storytelling. The key learning should be that the better the stories they have, the more interested the media would be.
- **PPT for Session 5, slide #14** presents the crucial differences between print and electronic (or broadcast) media in the use of the messages provided. Participants must understand how to effectively use these different aspects for the benefit of CTD. While the electronic media is more “impressionistic” and crisp, the print media allows for relatively greater depth in news coverage and reporting.
- **PPT for Session 5, slides #15–28** provide greater insight into preparing for different media, be it print, electronic, radio, or even telephonic interviews.

- Each point on **PPT for Session 5, slide #17** is an intense activity that participants must be aware of as well as acknowledge the role it plays in preparing for media engagement. The emphasis on preparation and practice is paramount as participants become aware of the dangers of being “misquoted”, “misrepresented”, or “submerged” in the news coverage on print or electronic media.
- Encourage participants to refer to **Media Training Handout #3 - Media Dos and Don'ts**, which was provided earlier. They can now relate the learning from the slides with the handout and participate in the discussion.
- Participants may engage in short discussions and share their thoughts on the “tips” being provided, as they prepare for the different media engagements and media simulation exercises that will soon follow.
- **PPT for Session 5, slides #25–27** reinforce the importance of rehearsals and preparation for engaging with the media.
- Participants should not feel shy or apprehensive about rehearsing. In fact, they should take every opportunity to involve colleagues and peers in the preparation.
- The more the participants are aware of their audience's needs, the more focused will be their presentation and performance as they engage with the media.

5.2 Media Simulation Exercise: Mock Sessions on Camera

Total time: 60 minutes

Instructions

- Preparation for the set — camera, lights, dais setting with backdrop signage and presentation screen — may be done with professional help.
- Split participants into different groups. Distribute **Activity Sheet #4- Facing the Camera**. Turn to **PPT for Session 5, slide #29**.
- To refresh their previous learning, participants may refer to **Media Training Handout #3 - Media Dos and Don'ts**. A short discussion may be held with the groups as they prepare for the activity titled Face the Camera.
- Each group must identify a spokesperson to face the camera on its behalf. If time permits, each participant can be given the opportunity to face the camera.
- The facilitator poses as a reporter and asks the given questions to each group's spokesperson. The responses are recorded.
- After the recording has been done for each group, a playback session is organized, wherein each group's recording is replayed and analyzed.
- Participants should be encouraged to be self-analytical and refer to the media handouts for guidance.
- The exercise would help them realize the significance of the guidance in **Media Training Handouts #3 and #4**, which serve as guiding tools for participants as they prepare for active and effective media engagement.
- The recordings will be played back to the participants. The facilitator will give inputs on how the spokespersons managed the interview.

5.3 Understanding the Media Toolkit

Total time: 15 minutes

Instructions

- Turn to **PPT for Session 5, slides #30–32** to bring the participants' focus on media engagement and preparation of the media toolkit.
- Important activities are listed out for the participants to follow and practice. The significance of each activity may be emphasized in the light of the previous sessions.
 - A media list contains information on the media houses operating in a specific region. It includes names of media houses, addresses, e-mail IDs, and contact numbers of the Chief of Bureau and the health reporter. Having this list makes it easier to reach out to journalists when you need to share the developments at CTD's end.
 - It is recommended that an e-mail detailing the purpose for your planned interaction be sent out to journalists before you reach out to them. This can then be followed up with a phone call.
- **PPT for Session 5, slide #31** provides an important list of the press materials and activities that may be adopted for effective media engagement.
- Distribute **Media Training Handout #5 Explaining Media Tools**, which explains media tools in detail and at a glance.

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|---|
| <ul style="list-style-type: none">• Press release• Public service announcement (PSA)• Letter to editor; op-ed articles• Contributory articles on health-related stories• Media advisories for press conferences• Panel discussions• Media familiarization trips |
|---|

- While activities may seem diverse at first glance, participants will realize how it all comes together with the formulation and presentation of key messages to different stakeholders. Each activity has its own significance, and their collective impact is realized when these activities are rolled out together as part of a strategic media engagement plan.
- The media advisory sheet should be given to participants and discussed. Highlight the need for information to be upfront and concise. It should also be ensured that the Communication Officer's contact details are mentioned in the document for further queries.
- Share Ms. Naina Kidwai's op-ed article as an example of the impact an op-ed piece can have in highlighting the key messages to stakeholders.
 - Op-ed articles also have a longer shelf life and are referred to by peers and journalists over a period of time. Participants may discuss about who are the stakeholders addressed through an op-ed article like Ms. Kidwai's. In this case, the stakeholders are English-speaking professionals, opinion leaders, policy makers, and business leaders who read English-language national newspapers like *The Economic Times*, *The Times of India*, *The Hindustan Times*, and *The Hindu*. An op-ed article should be able to merit their attention.
- **PPT for Session 5, slide #33** focuses on press release, an important and commonly used media tool. Although its importance is often underplayed, press release is a critical document that communicates the key messages of an organization or department.
- Hand out an "example" of a press release to discuss before the activity begins.

5.4 Group Activity and Summary

Total time: 20 minutes

Instructions

- Participants should be divided into four groups and copies of the **Activity Sheet #5- Drafting a Press Release** distributed to them. Two groups will work on set 1 of Activity Sheet #6 and the other two groups will work on set 2.
- The four groups will now draft a press release, having been exposed to an “example” of a press release and knowing its importance in the media toolkit.
- Ask each group to come up and present their press release and take feedback from other participants.

Summary

- Message delivery techniques of bridging, hooking, flagging, and turning the table must be practiced before interacting with the media.
- Adequate preparation by spokespersons is a prerequisite for all media interactions, whether it be with print or electronic media.
- The session exposed participants to the tools for media engagement and emphasized the significance of each element — press release, public service announcement (PSA); letter to editor; op-ed articles; contributory articles on health-related stories; media advisories for press conferences; panel discussions; and FAM trips (media familiarization trips).
- Media simulation exercises offer first-hand “mock” experiences in handling media, especially electronic media, and putting into practice the message delivery techniques shared during the session. It is important to “control the conversation” with media and avoid the risk of being misquoted, misrepresented, or being “lost” in media coverage.
- All elements of the media toolkit are important, and it is crucial to understand the use of each element before planning any media engagement.
 - Select the media tools appropriate to your context and requirement.
 - Familiarity with each aspect of the media toolkit will help participants utilize it effectively in their media engagement.

Session 6: Crisis Communication

Total time: 1 hour 35

minutes

Learning Objectives

By the end of the session, participants will be:

(see **PPT for Session 6, slide #3**)

- Empowered with tools and prepared to handle crisis situations
- Understand the nature of a crisis and how it can impact an organization/department
- Have the degree of preparedness required to effectively communicate with key stakeholders during and after a crisis
- Able to manage media with transparency and accountability through appropriate tools of communication

Session Overview

	Duration
6.1 Crisis Incubation	20 minutes
6.2 Where Does Crisis Begin?	20 minutes
6.3 What Is Different Now?	15 minutes
6.4 Preparing For and Managing Crisis	15 minutes
6.5 Group Activity and Summary	25 minutes

Materials Needed

- LCD projector and laptop
- Flip chart sheets and markers
- Hard copies of the PPT

Advance Preparation

- Write the boxed text on the flip chart and/or utilize the PPT slides that correspond to the text.
- Make copies of the participant handouts and PPT slides.

6.1 Crisis Incubation

Total time: 20 minutes

Instructions

- Welcome participants to the sixth session, which focuses on crisis communication.
- Turn to **PPT for Session 6, slides #4–5** to bring participants to focus on what is a crisis and how it incubates.
- Ask participants what comes to their mind when they hear about a crisis. Note the points on a flip chart. Participants may discuss and share the various scenarios that they may have personally experienced or heard about in their professional capacity.
- Incubation of a crisis, as explained in **slide #5**, results from various factors, whether they be cultural or managerial. Examples of these issues and situations may be shared in Indian and governmental contexts.

How does a crisis incubate?	
<ul style="list-style-type: none">• Denial of possibilities• Internalization	
	- The spokespersons have not internalized the values of the organization, and are, thus, unable to communicate/act accordingly.
<ul style="list-style-type: none">• Compliance with the organization's systems and processes• Monitoring of systems and processes• Blame culture <p>Any one, or a combination of these factors, can incubate a crisis. It is most important for participants to deliberate on these factors.</p>	

6.2 Where Does Crisis Begin?

Total time: 20 minutes

Instructions

- As the participants now know what a crisis is, ask them to look into where crises actually begin. Show **PPT for Session 6, slide #6** and explain to participants the internal and external causes of crises.
- Crises may emanate from internal and external causes, which, although general categories, highlight the specific issues that can flare up to become crises.
- As is highlighted, the internal crisis categories dominate; almost 75% of the crises originate from internal reasons and/or internal stakeholders. This finding is of great importance and it may be shared with participants.

- | |
|---|
| <ul style="list-style-type: none">• “On average, 69% of all crises are the type that start out small and may take days, weeks, or even months before they get out of control and draw public attention.” — Institute for Crisis Management |
|---|

- **PPT for Session 6, slide #7** provides information on the timeless characteristics of a crisis. It also provides insight into how insufficient information and the element of surprise often lead to a panic situation. Each of these characteristics may be explained in the context of health crises or natural disasters.
 - Share information on how “insufficient information” leads to crisis during or after a cyclone.

6.3 What Is Different Now?

Total time: 15 minutes

Instructions

- The graphic on **PPT for Session 6, slide #8** is a compelling visual: we are all connected. In today's day and age, information technology has interlinked and inter-twined all the stakeholders. Tell participants that given the vast and immediate connectivity made possible by latest technologies, including social media, news about a crisis can spread like a wild fire.
- As soon as a crisis begins, it comes into the knowledge of all the stakeholders within the shortest possible time.
- **PPT for Session 6, slide #9** provides an introduction to the new world that famous author Thomas Friedman has created in his bestselling book *The World Is Flat* (2005). It is fascinating to see how "flat" the world has become and how technology has empowered people to become citizen journalists, bloggers, and filmmakers.
- Participants may be encouraged to discuss these ideas and concepts in the Indian context, and more specifically in the context of governments and health communication. The coverage that the totally drug-resistant TB (TDR-TB) incidence in Mumbai received in 2012 is a good example of TB-related crisis and how quickly it got the attention of all stakeholders.

6.4 Preparing For and Managing Crisis

Total time: 15 minutes

Instructions

- **PPT for Session 6, slides #10–15** take participants into the heart of crisis management by posing some critical questions: Are you prepared for a crisis? Do you have a crisis communication plan?
- It clearly indicates that departments/agencies not only need communication plans to deal with media but also need crisis communication plans to handle different difficult scenarios.
- It also brings back the all-important question: Do you have a spokesperson?
 - The ideal spokesperson to handle media in a crisis situation would be someone who is a media-trained, knowledgeable, and confident speaker.
- In the earlier session, participants gained thorough understanding of the roles and responsibilities of spokespersons. They should now be able to relate those responsibilities with the crisis at hand, as explained in **PPT for Session 6, slide #11**.

Pre-crisis preparation

1. *Anticipate the crisis*
 - *Do you or the team have a crisis plan?*
 - *Do you know where to find it?*
2. *Identify your crisis communication team*
 - *Do you have a dedicated crisis communication team?*
 - *Do you know the names and contact details of every person in that crisis communication team?*
3. *Identify and train the spokesperson*
 - *Do you know your policy on providing statements to the media?*
 - *Do you know the first point of contact if you or your team is approached by the media? Is it you?*
4. *Identify and know your stakeholders*

- **PPT for Session 6, slides #12–15** offer important tips and checklists for the organization/department. Three tips are paramount: i) recognize the crisis quickly; ii) be seen to take action; and iii) be heard to say the right things.
- Tell participants that despite pre-crisis preparation, the crisis can take you by surprise. Therefore, when the crisis hits, we must remember to move as per plan. It is important to assess the crisis situation first, not panic, finalize and adapt key messages, isolate the team, and move ahead according to plan.
- The crisis is broken down into these key elements, which reaffirm the confidence of the spokesperson and/or the team in-charge. Be confident, composed, and correct in dealing with the crisis and address the issues squarely, clearly, and precisely.
- Participants are taken back to the session where the subject of key messages was explained and emphasized. They should now be able to see the importance of key messages in light of “crisis communication”.
- Conduct the group activity on crisis scenario as discussed below.

6.5 Group Activity and Summary

Total time: 25 minutes

Instructions

- Divide the participants into three groups and give them the following mock exercises highlighting different health crises:
 - *“100 people die of TB in a UP district in a given month.”*
 - *“No TB medicines are available in AP for over one month.”*
 - *“New cases of MDR-TB have been detected in Dharavi.”*
- Each group is expected to plan its crisis response and share it with the other participants. The groups can be given the following guiding questions for this exercise:
 - Who would you choose as your spokesperson?
 - What would be your key messages?
 - What activities would you undertake to engage the media effectively?
- Ask two of each group members to present their plan. Encourage those who have not presented earlier and facilitate discussion.
- Participants may now relate the session learning with the activity sheet on hand and grasp its significance and challenges, as shown in **PPT for Session 6, slide #16**.
- Turn to **PPT for Session 6, slides #17–26** to recap and remind participants about the importance of handling media during and after a crisis. Emphasize their responsibility toward stakeholders and partners; during a crisis, the spokesperson is, in effect, speaking up for all stakeholders.
- **PPT for Session 6, slides #18–22** may be read along with the Media Dos and Don'ts provided earlier to participants. These reminders and tips reinforce the learning curve of how, when, and why to handle the media.
- At each stage, participants must learn to “question” the reason for **why** media is being approached; they must be aware of **what** they have to say and **when** they have to say it. This approach is extremely important, and a short discussion on this issue may be conducted with participants.
- Preparation, rehearsal, and practice are emphasized once again. “Mock crisis” exercises may be conducted to reinforce the learning objectives of the session. If time permits, a video on crisis management can be shown to all the participants.
- Having gone through media simulation exercises and group activity, participants can now share their thoughts, ideas, and experiences with greater clarity and confidence.

Summary

- The session on crisis communication brought participants face-to-face with the different aspects of communication during a crisis, including an understanding of how a crisis begins and flares up due to a host of cultural or managerial factors.
- Crisis cannot be stopped from occurring, and organizations/departments must be prepared to address the crisis. It is important to anticipate and acknowledge the crisis and avoid going into “denial mode”.
- In today's networked world of communication, the importance of crisis management cannot be overlooked, ignored, or undermined. The news of a crisis spreads in the public domain faster than we can imagine!
- The message of an all-pervasive networked world is reinforced through the session. Participants are prepared to effectively engage with the media, using a crisis communication plan and appropriate tools and message delivery techniques.

- There is a need to always be prepared for crises:
 - Anticipate the crisis
 - Identify your crisis communication team
 - Identify and train spokesperson
 - Identify and know your stakeholders
- Key tips for managing crisis communication are:
 - Recognize it quickly
 - Be seen to take action
 - Be heard to say the right things

Session 7: Summary and Wrap-Up

Total time: 45 minutes

Materials Needed

- LCD projector and laptop
- Flip chart sheets and markers
- Hard copies of the PPT and feedback, post-test, and final evaluation forms

Advance Preparation

- Write the boxed text on the flip chart and/or utilize the PPT slides that correspond to the text.
- Make copies of the PPT slides and post-test and final evaluation forms.

Instructions

For the concluding session, refer to **PPT for Session 7, slides #2 –9** to go over with participants the ground that has been covered in the previous six sessions.

- All the six sessions are re-introduced through at a glance.
- The goal of the Media Training Workshop is re-introduced for the benefit of the participants to revisit what they had set out to achieve.
- Participants may be encouraged to share their thoughts at this stage.
- Any questions in the parking lot may be addressed now.
- **PPT for Session 7, slides #4–9** offer a quick look at the learning objectives of each session. Participants may be encouraged to recall the key points and share their thoughts on those issues and topics. Attempt should be made to ensure a lively interaction here.
- For participants who may have doubts or queries, the final session is the perfect time to address them.
- Ask participants to share their feedback on the training.
- Distribute the forms and conduct the post-test and final evaluation now.
- Logistics and allowance issues may be cleared now.
- A short closing ceremony may be held to mark the successful conclusion of the Media Training Workshop.
- Group photograph of participants must be taken during the closing ceremony.
- Finally, the facilitator must grade the pre-test and post-test and make that information part of the session report.

References

1. Media coverage analysis conducted for the period of April 2013 to September 2013 by CARMA International
2. News report and case mentions from following publications:
 - a. The Times of India
 - b. Hindustan Times
 - c. Mumbai Mirror
 - d. The Hindu
 - e. The Indian Express
 - f. The Economic Times
 - g. Time magazine
3. Videos sourced from
 - a. UNICEF Television: <http://www.youtube.com/watch?v=xOq23vSzc90>
 - b. NDTV: <http://www.youtube.com/watch?v=lgUHZh2BL60>
 - c. NDTV: <http://www.youtube.com/watch?v=yIVLTsXvyGE>
 - d. NDTV: <http://www.youtube.com/watch?v=-UAVtklome>
 - e. Salaam India: http://www.youtube.com/watch?v=kl_3ciL0f8k
 - f. Bloomberg UTV: http://www.youtube.com/watch?v=TBX1_4Ct1qA
 - g. Stop Tuberculosis: <http://www.youtube.com/watch?v=df10LcbVRCs>
 - h. NYU Langone Medical Centre: <http://www.youtube.com/watch?v=6giaiXFt25A>
 - i. UN AIDS: <http://www.youtube.com/watch?v=h3zWCYsowl4>

PRE-WORKSHOP QUESTIONNAIRE

Name:

Designation:

- 1. How often do you deal with media? Are you comfortable interacting with media?**

- 2. How has been your experience with media? Could you please tell us about your most memorable experience of dealing with a media person?**

- 3. In your opinion, how important is the role of media in today's time to create awareness about pertinent issues such as the progress of TB cure in India?**

- 4. Please share a crisis situation (if any) that you have faced in your professional life at CTD where you have had to interact with media? How did you handle the situation?**

- 5. Is there anything in particular that you would want to understand about the functioning of media?**

- 6. What are your expectations out of this workshop?**



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HEALTHY
BEHAVIORS
PROGRAM



Workshop on Effective Media Engagement in TB Control

India battles a severe shortage of key
TB drugs.

Medical experts say that unless the
government intervenes immediately,

TB DRUGS IN SHORT SUPPLY

IBN Live



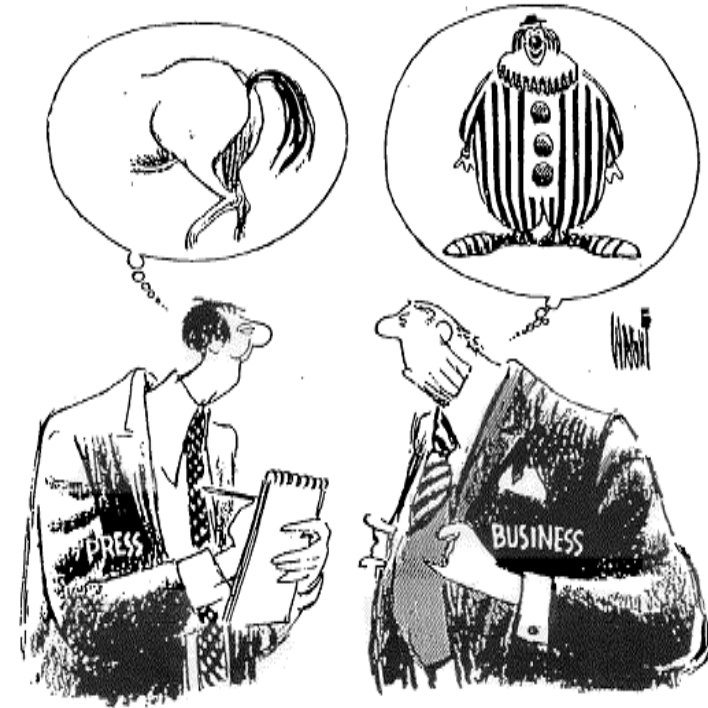
Welcome and Introduction

- Pair up with a partner with someone you have not met before, or don't know much about, have a 3-minute interaction on the following, and present:
- Your partners
 - Name
 - State
 - Years in RNTCP & communication

What are Your Expectations?

Goals and objective of the workshop

- Goal: The Media Training Workshop is to develop capacity of RNTCP personnel to effectively engage with media to communicate/publicize/highlight the ongoing programmes / initiatives against TB.
- Objectives
 - Understanding Indian media environment and its importance in RNTCP, learning media engagement techniques and messaging
 - Equip respondents with media tools and training to effectively and accurately deal with media



Participants will

- Learn about how the media is growing in India; what makes for 'news' in health subjects like TB?
- Learn how to deal with journalists: Who are they and what do they want from CTD?
- Learn how to support the Spokesperson for RNTCP in your area: What is the role and responsibilities for officials ?
- How to manage a crisis: How to communicate with the media during crises?

Pre-workshop Quiz

Questionnaire to be handed out to participants

Media training workshop: Overview

Workshop Sessions Overview

Session 1: Welcome and introduction to media

Session 2: Journalism; journalists; what is news

Session 3: Media speak

Session 4: Media engagement: Role of spokesperson

Session 5: Media engagement: Tools of media engagement;
media interview simulations and toolkit

Session 6: Crisis communication

Session 7: Summary and wrap-up

Media Analysis on TB

- CTD commissioned a retrospective study of media coverage over one year from September 11 – August 13, 2013 to understand how media was covering TB in India.

Key takeaways and conclusions

There were more favorable articles on measures to tackle TB than unfavorable stories on efforts of containing the disease

Media is receptive of positive developments on the initiatives taken to eradicate Tuberculosis. Media should thus be kept regularly informed of measures taken by Govt. against the disease

40% stories were triggered by Government sources, and 44% commentators were from 'Government/Health authorities' amongst the sources' pack.

Role of Government/Health authorities is well received by media and their inputs are considered most credible

Healthcare Providers (Hospitals, Doctors) were second most effective triggers in generating news coverage. They were also the second most quoted commentators.

Leading doctors treating Tuberculosis are Key Opinion Drivers and should be kept informed of the developments in the area

English dailies are most active in covering news on Tuberculosis. The Hindi dailies tend to put forward city specific / district level developments such as awareness programs, lack of adequate infrastructure at the village level, etc.

For national announcements and important / exclusive information that needs to be shared, English dailies should be tapped. Additionally, Hindi media should be constantly tapped.

Key Takeaways and conclusions

Though the mentions of TB were in 'small sized articles' but the placement of the issue is much stronger (70% articles placed 'TB' in headline).

The subject of Tuberculosis is important for media that covers 'health beat'. However, there is a dearth of new information and the same needs to be provided to them.

The key concern related to Tuberculosis was about Drug Resistant TB cases. Several new cases of varied forms of TB like Drug resistant TB (DTR), Multi drug resistant TB (MDR TB), Totally drug resistant TB (XXDR TB) posed new challenges to healthcare providers.

Media is always looking for topical information on the disease – new virus, breakthrough vaccines and other informative data

Inferences

It is evident from the analysis that:

- Tuberculosis though widespread in India across demographics and geographies, does not enjoy mind space of the media or public at large, commensurate with the seriousness and prevalence of the disease
- Certain diseases such as HIV-AIDS and Polio receive prominent placement in media due to factors such as:
 - Government initiatives
 - WHO initiatives
 - Support from International donors and grants
 - Large scale investments in R&D, research reports and studies
 - Celebrity endorsements

Training Need Assessment (TNA)

A TNA questionnaire was administered across 22 locations

- Total respondents 38 (19 State TB Officers & 18 IEC Officers)

Key Takeaways

- Most IEC officers have interacted with media at some point in time though very few have formal media training
- Interactions are usually with newspapers, electronic and magazines
 - At seminar and events; scheduled interviews, TB awareness programmes and journalists requests
 - All respondents felt that it is important to have a sustainable relationship with media for them to support the TB Programmes
 - Respondents were keen to understand how news is created and the workings of media establishments
 - Respondents generally wanted to avoid questions on financials, political leanings, incidences of death and difficult questions on CTD

Learning Objectives

1. Understand the importance of the media
2. Describe why media is important for RNTCP
3. Name three emerging trends in media
4. Identify five key media houses
5. Know how a typical media house is organised?
6. Understand the news cycle in a newspaper and a magazine

Importance of engaging with media

- Media is a key influencer that builds and shapes perception
- Proactive and partnership approach with media is critical for improving public opinion and action for TB in India
- Reinforce awareness about CTD and its initiatives
- Reach ***new audiences***
 - Patients
 - Doctors
 - Government stakeholders
 - Ministries
 - General community at large
- To be able to effectively respond to media needs and deal with crisis situations



The Eco-system

Figure 1.2 - The Emerging Media Ecosystem



Source: Based on "Blogosphere: the emerging Media Ecosystem" by John Hiler, Microcontent News

Emerging Trends: Implications for Media

- Increasing corporatisation of media.
 - The economic crisis has hit the job security of journalist even in major media houses e.g. TV 18 Network, Bloomberg, Outlook, Deccan Chronicle
- Steadily decreasing news-gathering expenditure, which includes travelling, researching, hiring specialists and investment in new technologies. The travel and technology investments are being put on hold.
 - This means there will be less reporting from the far-flung rural areas.
 - The essential hubs of news-gathering will crowd the urban centres where most newsrooms are located affecting reportage from the hinterland.
 - This will also have an impact on sustained investigations that might require resource deployment.
- This has significant impact on volume of content.
 - In televisions, channels may opt for repeating some programmes rather than producing original content.
 - In print, there is a reduction in the number of pages.
 - The scarcity of the space will bring in its wake a process of elimination of news
 - There is an increasing focus on paid content

Types of Media

- Print Media
 - Newspaper, Magazines
- Electronic Media
 - Television , Radio
- New/social media - Internet and mobile
- Wire services
- Trade Media

Print Media

- According to the Indian Readership Survey (IRS), as of 2011, 350 million Indians read print publications, and 53 percent of those readers are 'rural'
- In a country where 65 percent of the population lives in rural areas, this is significant.
- An estimated 280 million literate Indians don't read newspapers at all
- Television is robbing the print media of headlines therefore, newspapers are focusing more on exclusive, in-depth and analytical stories
- Regional publications and vernacular media are growing faster than English media
 - Hindi publications account for 53 percent of papers sold
 - English amounts to 17 percent
 - English newspapers, however, still command the lion's share of the advertising
- Growing number of trade publications across sectors including Lifestyle, Automobile, IT, Healthcare and Aviation

Electronic Media

- Television continues to dominate and is the biggest influencer
 - Reaches around 60% of all households in the country,
 - Considering that Television is a medium of community viewing the penetration numbers are higher
 - There are more regional channels than national ones
- There is increasing penetration of Cable and satellite television: While the existing penetration of cable and satellite television is around 83% of television households, there exists a sizeable disparity between different states.
- Niche created among electronic channels basis reportage
 - STAR News – Entertainment
 - India TV – Sensationalist reality TV
 - NDTV Profit – Lifestyle aspect of corporate
 - CNBC-TV18 – Hardcore business & financial
 - CNN IBN – Local
 - ETV
 - Eenadu TV
 - Sun TV

New Media -Internet and Mobile

- Internet penetration in India is around 7%, but growing at a very fast pace in India. No of Internet users in India has crossed the 200 million mark.
 - Facebook: 90 million users from India
 - Twitter: 33 Million + users in India
 - LinkedIn: 20 Million+ Users in India
- Increasing mobile and internet penetration is expected to positively impact digital media. Affordable broadband service combined with user comfort is likely to result in shift towards digital medium.
 - No of Mobile users in India is 55.48 crores

Regional Media

- Macro factors driving language dailies
 - Rising literacy and improving living standards
- Language publishers borrowing best consumer marketing practices
 - Adopting a positioning which is high on aspirational value
 - Focusing on sense of local culture and traditions
- Potential for ad-revenue growth
 - Language reader is hungry for information on new products/services
 - Usually the journalist doubles up as the ad sales representative.
 - In regions they expect advertisement support for editorial coverage
- Most journalists working with regional media earn less than their peer group in English media
- In metros regional media is sensitive about the discrimination between English and regional media in terms of sharing of news, interactions, FAM trips etc.
 - Press releases should be translated to local languages as well
- Most regional media expect giveaways after press conferences
- It is extremely important to undertake frequent interactions with this set of media to build relations in view of their increasing importance

Key Media Houses

- Bennett & Coleman India Limited
- Hindustan Times Group
- Kasturi & Sons Limited (Hindu)
- ABP (Anand Bazaar Patrika, Telegraph, BW, Star)
- Business Standard (Trust)
- Living Media (TV Today network)
- The Jagran Group
- Network 18 Group
- NDTV
- The Indian Express Group
- The Printers (Mysore) Limited – Deccan Herald, Prajavani, Sudha and Mayura
- Deccan Chronicle Holdings
- Malayalam Manorama Group
- Zee Network



Top Ten Indian Publications

1. Dainik Jagran- 16.41
2. Dainik Bhaskar- 14.60
3. Dainik Hindustan- 12.04
4. Malayala Manorma- 9.93
5. Amar Ujala- 8.84
6. ***The Times of India***- 7.6
7. Lokmat-7.56
8. Daily Thanti- 7.50
9. Rajasthan Patrika- 6.84
10. Mathrubhumi- 6.66

**Only one English
mainline publication
features in the top 10 list**

(All figures in millions)

Top Dailies

Top Vernaculars (In millions)

1. Dainik Jagran- 16.41
2. Dainik Bhaskar- 14.60
3. Dainik Hindustan- 12.04
4. Malayala Manorma- 9.93
5. Amar Ujala- 8.84
6. Lokmat-7.56
7. Daily Thanti- 7.50
8. Rajasthan Patrika- 6.84
9. Mathrubhumi- 6.66
10. Nai Duniya - 1.64

Top English Dailies (In millions)

1. Times of India- 7.61
2. Hindustan Times- 3.79
3. Hindu- 2.24
4. Telegraph- 1.03
5. Deccan Chronicle- 1.03
6. DNA- 0.89
7. Mumbai Mirror- 0.80
8. New Indian Express- 0.63
9. Tribune- 0.58

Top 5 Financial Dailies (In millions)

1. Economic Times- 0.79
2. Mint- 0.24
3. Business Standard- 0.15
4. Hindu Business Line- 0.10
5. Financial Express- 0.03

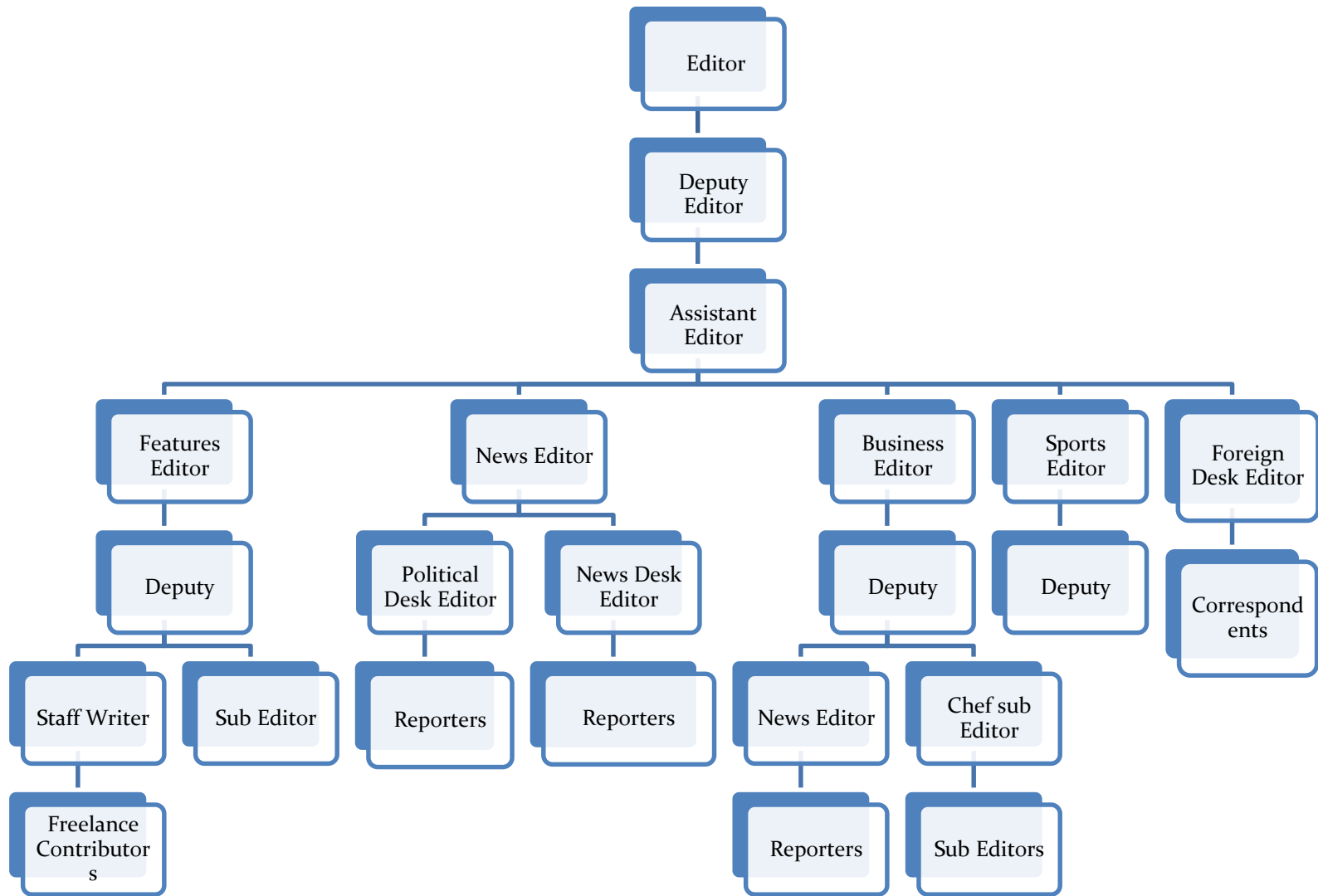
•The Times of India is the world's largest circulated English Daily.

•IRS Q4 2011, all business dailies have seen a growth in AIR except BS (Hindi)

Key Regional Media

NORTH		WEST & CENTRAL		EAST		SOUTH	
PUBLICATION	READERSHIP	PUBLICATION	READERSHIP	PUBLICATION	READERSHIP	PUBLICATION	READERSHIP
Dainik Jagran	16.370	Dainik Bhaskar	14.416	Anand Bazar Patrika	2.717	Malayala Manorama	9.93
Hindustan	12.246	Lokmat	7.313	Bartaman	1.38	Eenadu	7.8
Amar Ujala	8.434	Gujarat Samachar	5.114	Sanmarg	1.24	Daily Thanti	7.5
Rajasthan Patrika	6.837	Sakal	4.469	Aajkaal	1.09	Sakshi	6.9
Punjab Kesri	3.323	Nai Dunia	1.358	Prabhat Khabar	1.07	Mathrubhumi	6.6

Typical Print Media Organisation: National Media



Typical Media Organisation: Regional Media: Dainik Jagran



Dainik Jagran - Bareilly

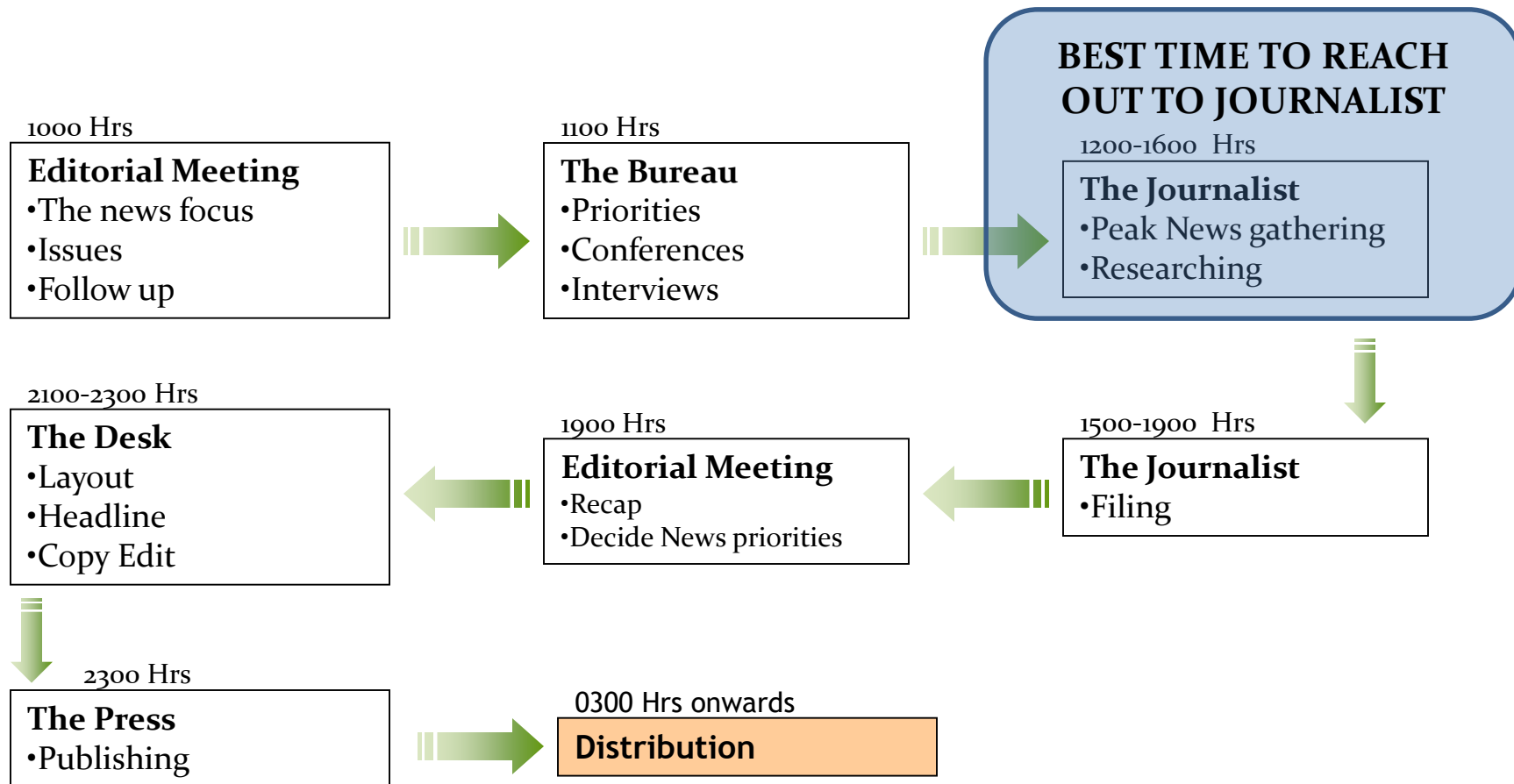
Chief of Bureau
(Kanpur / Lucknow)

Business Reporter

Political Reporter

City Reporter

News Cycle – Print Media



News cycle - Magazine



Every Saturday

Editorial Meeting

For a week

News Gathering

Following Friday

Issue Closure

Following Saturday

Printing and
dissemination

Every Saturday

Editorial Meeting

For two weeks

News
Gathering

Fortnightly Friday

Issue Closure

Fortnightly Saturday

Printing and
dissemination

FORTNIGHTLY

The Media Medium is different

- News Wire
 - Deadline driven
 - Contribute to print media as news feed
 - Potent if used smartly
- Print Magazines
 - Greater shelf life
 - Analytical and detailed
 - Losing clout to TV
- Television
 - Instant reach
 - Presenters attaining iconic status
 - Sensationalisation of news
- Online
 - Assuming popularity
 - Immediate
- Radio
 - Entertainment heavy
 - Localized medium
 - Customized content for marketers

Individual Activity: Exercise 1 may be administered here: Naming the top-line media

Session Summary

- Importance of engaging with the media that is growing in print, electronic and digital formats
- There have been drastic changes in media in recent years
- Regional language media is on the rise
- Roles of media staff are changing, with shrinking investment in journalists and coverage
- The phenomenon of English language media and the rise of the regional languages media
 - Depth and reach of Indian media
- Corporatisation of media
- Role and responsibility of media persons
- Structure of a typical media organization,
- Details of a 'news cycle'

Media Training Sample Workshop Outline:

Day I

- 0900 hrs to 1100 hrs **SESSION 1: INTRODUCTION AND OVERVIEW**
Welcome, Pre-test, Group activity, Overview and introduction to media
- 1100 hrs to 1120 hrs COFFEE BREAK
- 1120 hrs to 1250 hrs **SESSION 2: JOURNALISM AND JOURNALISTS**
Journalists, News stories, Understanding news, Group activity
- 1250 hrs to 1330 hrs LUNCH
- 1330 hrs to 1445 hrs **SESSION 3: MEDIA SPEAK & INTERACTION WITH A SENIOR JOURNALIST**
- 1445 hrs to 1500 hrs COFFEE BREAK
- 1500 hrs to 1615 hrs **SESSION 4: ROLE OF SPOKESPERSONS**
Importance of key messages

Day II

- 1000 hrs to 1230 hrs **SESSION 5: MEDIA INTERVIEW SIMULATION**
(To be followed by feedback sessions)
MEDIA TOOLKIT
- 1230 hrs to 1330 hrs LUNCH
- 1330 hrs to 1500 hrs **SESSION 6: CRISIS COMMUNICATION**
- 1500 hrs to 1515 hrs COFFEE BREAK
- 1515 hrs to 1600 hrs **SESSION 7: SUMMARY AND WRAP UP**

Session 1, Activity I

1. Name the top five mainline publications in India.

-
-
-
-
-

2. Name the top five regional publications in India.

-
-
-
-
-

3. Name top five electronic media channels in India.

-
-
-
-
-



Malayala Manorama
The brand that builds brands

इंडिया

दैनिक भास्कर

THE
HINDU

दैनिक जागरण

Business Standard

hindustantimes

हिन्दुस्तान

राजस्थान पत्रिका



लोकमत



अमर उजाला

Network 18
Enable
Enlighten
Entertain

MEDIA TRAINING HANDOUT 1

THE HEALTH TIMEBOMB

The battle against TB

- TB is one of the world's most neglected diseases
 - No new treatments developed in the past 50 years
 - One of the top ten causes of childhood death
 - TB mostly affects the world's poorest; among those, the most vulnerable are children
- In India
 - Each year nearly 2.2 million people in India develop TB, of which around 0.87 million are infectious cases.
 - It is estimated that annually around 270,000 Indians die due to TB.
 - An increase in the treatment success rate has been registered for new cases — from 25 per cent in 1995 to 88 per cent in 2011.
 - 40% of Indian population is infected with TB bacillus.
- One reason for high TB mortality in India is the widespread use of inaccurate blood tests. WHO urged countries to ban inaccurate and unapproved blood tests and instead rely on accurate microbiological or molecular tests, as recommended by WHO for detection of TB
 - On June 6, 2012, the Government of India (probably the first and only country in the world), issued a notification banning serological tests)
 - According to a recent article published in BioSpectrum, this situation remains unchanged even months after the ban. The article quotes the union minister of state for health, Mr Abu Hasem Khan Choudhary, "The tests approved by the Revised National Tuberculosis Control Program (RNTCP) for diagnosis of TB include sputum microscopy, X-ray chest, solid and liquid culture methods and rapid molecular tests. Available evidence indicates that, besides the tests mentioned above, the private sector heavily depends on the serological tests for diagnosis of TB

Partnering with media to unite against TB

- While the media writes on initiatives or on World TB day, there has been very little effort to draw the media into dialogue around TB control efforts, even on World TB day
- A notable exception has been the Catholic Health Association of India (CHAI), Hyderabad. On World TB day they dedicated half a day to deliberating *with* the media on how TB could be showcased better through the media. They actually spoke to, and listened to what the media had to say, without handing out press releases, with prefixed expectations for coverage
- The Media expressed concerns that they did not understand the issue completely, the terminology confused them, and spokespersons were not easily approachable

THE NEED

- Most of the international and national effort on TB so far has been directed at building political commitment globally and mobilising the necessary human and financial resources
- There is a growing realisation that expansion of DOTS within countries without additional efforts in advocacy and communication, will not be able to help achieve the targets
- There is an urgent need for in-country communication and social mobilisation, directed at the rapid building of political commitment at the national and sub-national levels
- While DOTS remains the technical strategy for TB control, critical thinking is required to identify how communication and social mobilisation can be integrated into the DOTS strategy for rapidly improving case detection and treatment compliance rates
- Outside of the annual World TB Day, NTP seems to lack direction in planning for on-going TB communication interventions
- Useful evidence is available from several countries to suggest that both behaviour change and stigma, could be effectively addressed by making use of mass media campaigns
- Aside from reaching large numbers, the mass media can create a supportive and enabling environment for grass-roots level participatory processes. Given the context within which TB thrives, there is much to be gained if the mass media were deployed in conjunction with community media, and directed more at creating empowering discourses than for achieving limited, short-term gains in behaviour change.



MEDIA TRAINING HANDOUT 2

Emerging Media Trends: Implications for TB

- Two distinct and dramatic information revolutions have taken place in the last decade
 - A revolution in technology
 - A revolution in structure, ownership, content and access to media
- The change in structure and ownership has created several contradictory trends
 - Liberalisation and democratisation of media in most developing countries especially on radio and television highlighting voices and perspectives of poor people and there by place pressure on governments to more effectively and urgently address poverty related issues such as TB
 - Conversely mass media which play a critical role in informing public in setting political agendas are decreasingly interested in poverty related public issues
 - Cuts in budgets, coupled with increasing need to pay for broadcast airtime
 - Even as we see an explosion in the number of titles in newspapers and channels in TV/Radio, language and outreach programming have declined
 - Media content today is generally characterised by an urban centric, entertainment and lifestyle oriented, consumer driven agenda
- A decade ago communication and media structures were relatively stable, centrally controlled, top-down, and vertical entities offering a few sources for information. They offered the advantage of sending out regular development information and messages to mass audiences
- The media environment is more complex and democratic and there are numerous channels, profit driven, fragmented but offering information from multiple sources
- There is a reinvention of programming using interactive formats like the talk-show, phone-ins and panel discussions. Using media to empower not just to inform
- Disseminating messages in traditional sense is becoming increasingly ineffective.



Different Types of Media in India

- **PRINT MEDIA**
 - Over 70,000 dailies and magazines registered in the country
 - No government censorship
 - Main English dailies generally published from larger metros
 - Readership in regional publications still outshines English language publications as it appeals to the mass audience
 - Dainik Jagran- 16.41 million
 - Dainik Bhaskar- 14.60 million
 - Dainik Hindustan- 12.04 million
 - Malayala Manorma- 9.93 million
 - Amar Ujala- 8.84 million
- **WIRE SERVICES**
 - Dominated by one large Indian service - Press Trust of India (PTI)
 - Other Indian wire agencies include Newswire18, IANS etc
 - Foreign wire agencies in India include Reuters, Bloomberg, Dow Jones, AP, AFP, etc.
- **TELEVISION**
 - The National network is government owned namely Doordarshan
 - Exclusive channels for regional languages in each city
 - Very few business programs within existing general news channels
 - Currently there are 6 business channels in India
- **FOREIGN MEDIA**
 - More than 100 foreign media houses have active offices in India primarily based in Mumbai, Delhi and Bangalore
 - Most are focused on covering political developments
 - Foreign media houses have even tied up with Indian media houses for sharing exclusive content
- **TRADE MEDIA**
 - Specialised – niche publications becoming increasingly popular in various industries as specifically catered to that readership in the industry
 - Important for CTD to be profiled itself in trade publications of the healthcare sector as these publications specifically target the audience that CTD is focused on. Additionally, select publications can be reached out as per businesses that have a focus on Tuberculosis.

Commented [ER1]: Would it be possible to say which of these types of media have been most actively covering the TB issue to date, with names of specific outlets?

Commented [SD2]: This is a part of the retro media analysis that we undertook. The details are included in Session 3

Commented [ER3]: What about health/science channels?

Commented [SD4]: No Indian dedicated electronic channel for health

Pre-Test: Media Training Session

1. What are the top three characteristics of a good spokesperson?
2. What is the internet penetration in India?
 - 7%
 - 30%
 - 45%
 - 2%
3. Mark the following statements true or false:
 - a. Strong public relations policy is the single most important aspect of a crisis plan.
 - b. A journalist is the main person who decides the placement and size of his story
4. Who are the key stakeholders you need to communicate with during a crisis in your state?
5. Rank the following in order of seniority:
 - Reporter
 - Business Editor
 - Editor
 - Desk Editor
6. Which regional newspaper has the highest circulation in India?
 - Dainik Hindustan
 - Amar Ujala
 - Dainik Bhaskar
 - Dainik Jagran
7. Which out of the following decisions is not taken at the news desk level?
 - Layout of the page
 - Headline of the story
 - Priorities of the newspaper
 - Copy edit



Workshop on Effective Media Engagement in TB Control

Session 2: Journalists and What is News

TB DRUGS IN SHORT SUPPLY

IBN Live

Session 2: Journalism, Journalists & What is News

Session Overview:

- Principles of Journalism
- Who is a Journalist ? What do they want?
- What makes for a good media story?
- Understanding News: Issues that make news
- Group Activity 1: “News and News Value’

Session 2: Journalism; Journalists and What is News

Learning Objectives:

1. Understand the basic principles of journalism: Truth, objectivity, fairness, facts, communication
2. Know the perspective of journalists, and their expectations
3. Grasp the elements / ingredients of a good media story
4. Comprehend what makes for news
5. Identify the 'news value' of news being offered to the media

The basic principles of Journalism

Who is the Journalist?

Journalism:

- Reporting facts and information of interest to readers and viewers
- Basic principles of truth, objectivity, fairness and ethics are observed; rumours/falsehood, prejudice, bias and immoral practices are shunned
- Information shared with readers / viewers is 'selected' for being meaningful, relevant and important...

However,

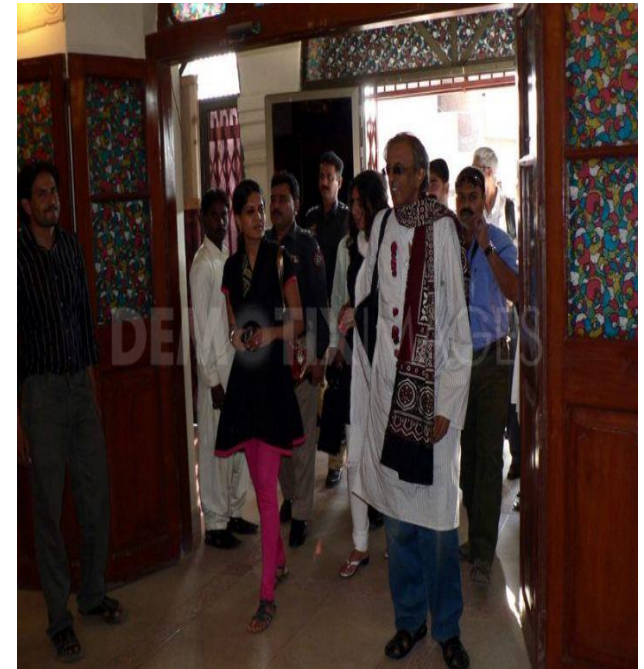
- It is not always the ideal situation
- Sometimes media can be biased and report accordingly

Why are journalists the way they are?

- They are human beings...
- ...Are responsible professionals
- ...Often have impossible deadlines
- ...Work under severe pressures to deliver
- ...Faced with various constraints
- ...Work for by-lines (*their name in print!*)

Demystifying the journalist

- Subject expertise limited to top publications which have sectoral correspondents, others simply have 'generalists'
- Highly opinionated and increasingly influenced by sales & marketing
- Prefer one-to-one interviews
- Some journalists are not well prepared, don't send questions in advance, and at times are not punctual for meetings
- 'Off-the-record' doesn't work with them
- They do not have control over the headline which is written by News or Sub editors.



All Journalists are not the same!

- **Well informed**
 - research & info driven
 - always comes prepared
- **Columnist or Commentator**
 - opinionated
 - controversial
- **Sensationalist**
 - tabloid reporter
 - focus on emotions
- **Follow-the-pack**
 - lets other's define the line of questioning
 - superficial knowledge
- **Ideological**
 - driven by an agenda
 - a higher cause

All Journalists are not the same!

- **The Multi-questioner**
 - Curios, self starter, seeks information
 - Probes, will anticipate and analyze
- **The Interrupter**
 - Aggressive and intimidating
 - Cynical and a cross questioner
- **Labeler**
 - Opinionated, pre-conceived notions
 - Fixed mind set
- **Re-stater**
 - Re-iterates, will urge you to share more
 - Casts doubts, will make you feel uncomfortable
- **The silent one**
 - Will want you to fill the void



WHAT DOES THIS ALL MEAN?

You also compete for attention

- Typical publication
 - Receives thousands of press releases each week
 - Scores of calls from PR people per day
- Typical reporter
 - One third of change jobs every 6 months (new beats/new pubs)
 - Average experience: 4/5 years
 - Independent, skeptical, rushed
 - Responsible to editor
 - So what? Who cares? What's in it for me?

What do they want?

- Reporters are as diverse as any other group of people
- They are not your enemy
- They are not your friend
- If you had a bad experience with one – it doesn't mean that you will have a bad experience with the next one



*Reporters' motives are simple:
They want to produce a good story
and then they want to go home*

Reporters often work on a need-to-know basis but they still want a good story...

NON SEQUITUR • Wiley



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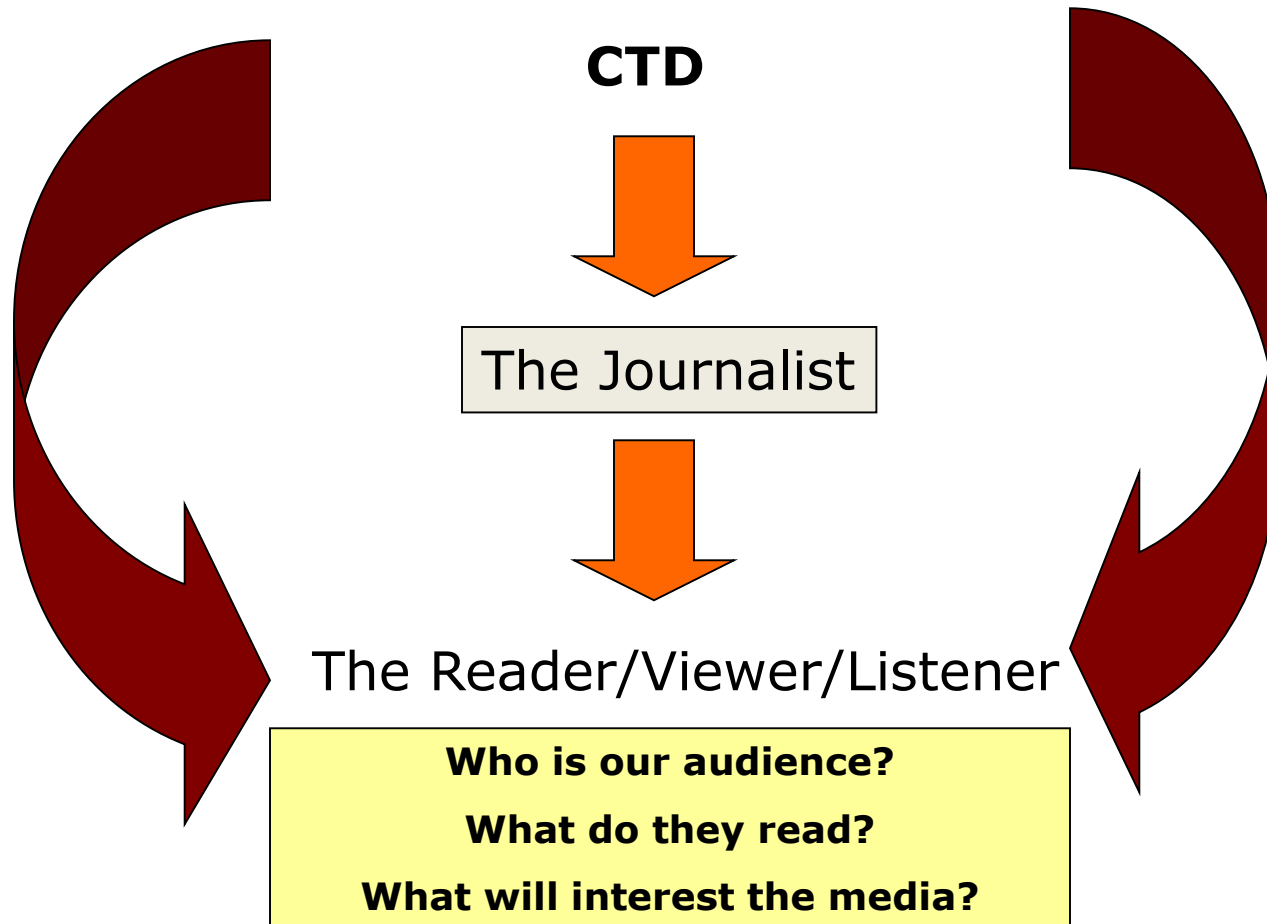


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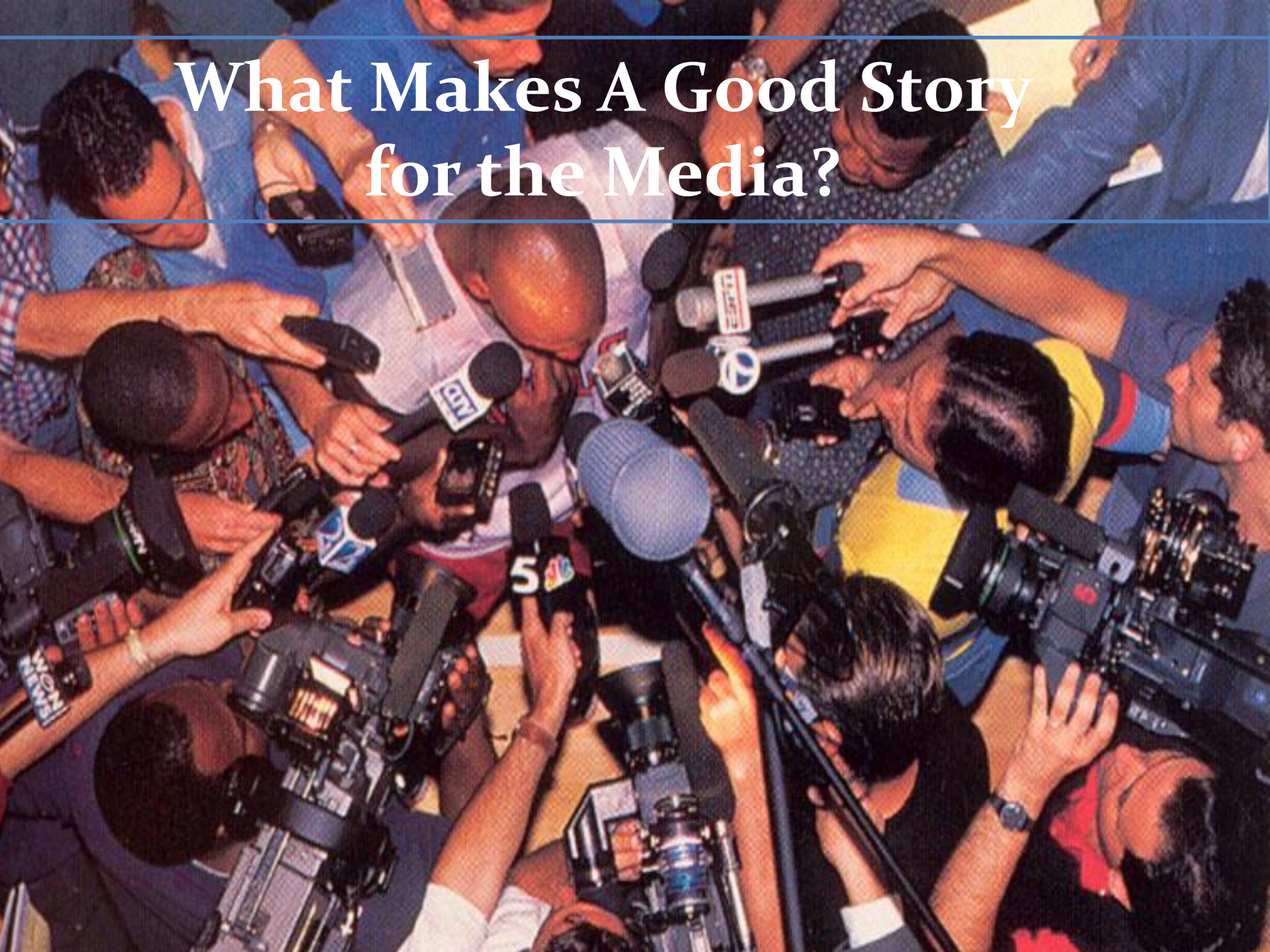
Home Truths!

- Deadlines create pressure.
- Headlines and placement. Only a few journalists can dictate positioning, placement and headline
- No guarantee's that the story will appear in print
- Hope for - but don't rely on your relationship
- Good contacts - no safeguard
- Media fires in all directions to cover all potential angles

Your Bridge To Communication..



What Makes A Good Story for the Media?



Issues that might make news

Economic Disasters
Instability
Humanitarian
Diplomatic Political
Aide advancement ties
milestones Disease
Outbreaks unrest
Poverty



Opportunities for making news

Lives
restored Scientific
Public Regional
advancement Changed heroes
Progress and breakthroughs
cooperation Education
communities Humanitarian
Economic Social
health

First New TB Drug in decades must be made available widely

US APPROVES NEW TB DRUG

IBN Live

CNN



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Some common “good story” hooks

1. Real or Authentic
2. Surprising
3. Personal
4. Humorous
5. Touching
6. Overcoming adversity
7. Presentation
8. Mystery
9. Struggle or tension
10. Descriptive power

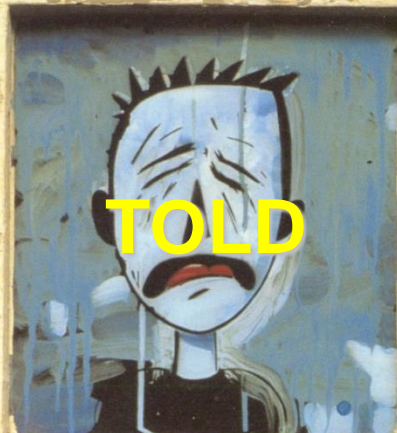




Setting Person Struggle Resolution



learning



TOLD
&
SHOWN



Recall
after
3
weeks



72%



Recall
after
3
months



32%



Group Activity

News And News Value

- Participants are divided into groups; each group is given a set of newspaper clippings;
- The Group, now assumes charge as an Editor, and places the news clippings according to their importance.
- The 'news value' of the news is shared and discussed between the Groups.

Session Summary

- All journalists are not the same: all are not looking for controversial or sensationalist stories. It is important for us to research the journalists' work before approaching them.
- Journalists are looking for a good story:
 - Governmental departments / agencies have to fight for media attention and coverage and provide them with positive and news-worthy stories about CTD.
 - A good news story is one which is topical, of regional/national relevance, and has a human touch.

Session 2 - Activity 2 'News and news value'

Your group is given newspaper clips cut separately. You have to place the clips as if you are the editor of the newspaper. Please place the clips looking at the news value of the individual clips.

Please remember: The most important news goes on the top. The human eye tends to read the right page of the newspaper before the left side and thus the news clips should be placed accordingly.



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Workshop on Effective Media Engagement in TB Control

Session 3: Media Speak



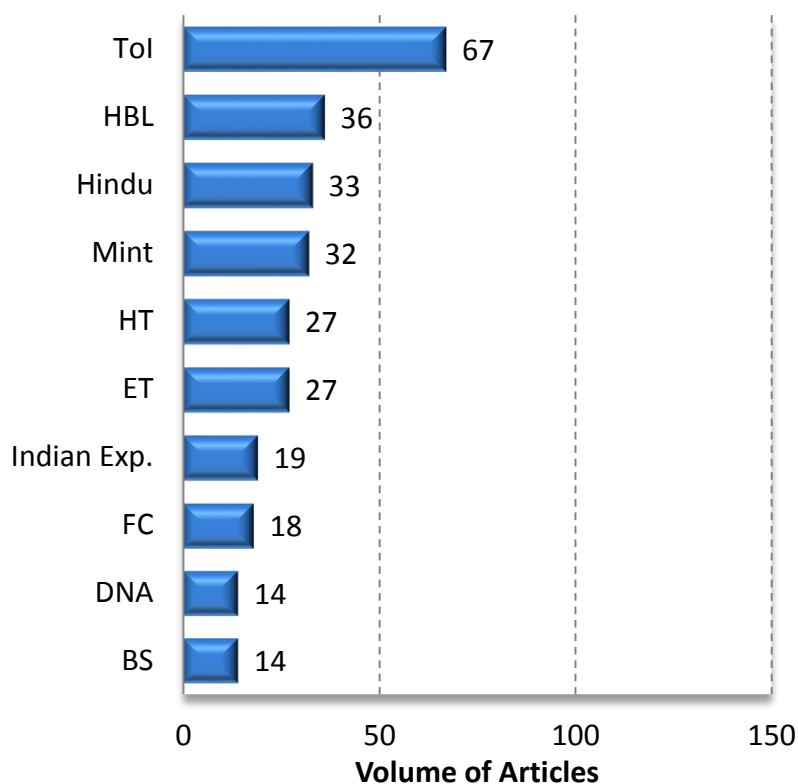
Session 3. Media Speak

- **Session Overview :**
 - How the Indian Media is covering TB?
 - Address by a senior media person / journalist
- **Learning Objectives**
 - Understand how the Indian media is covering TB
 - Face-to-face with a senior media person: Opportunity to interact, Q&A session with guest speaker on media-related issues and topics

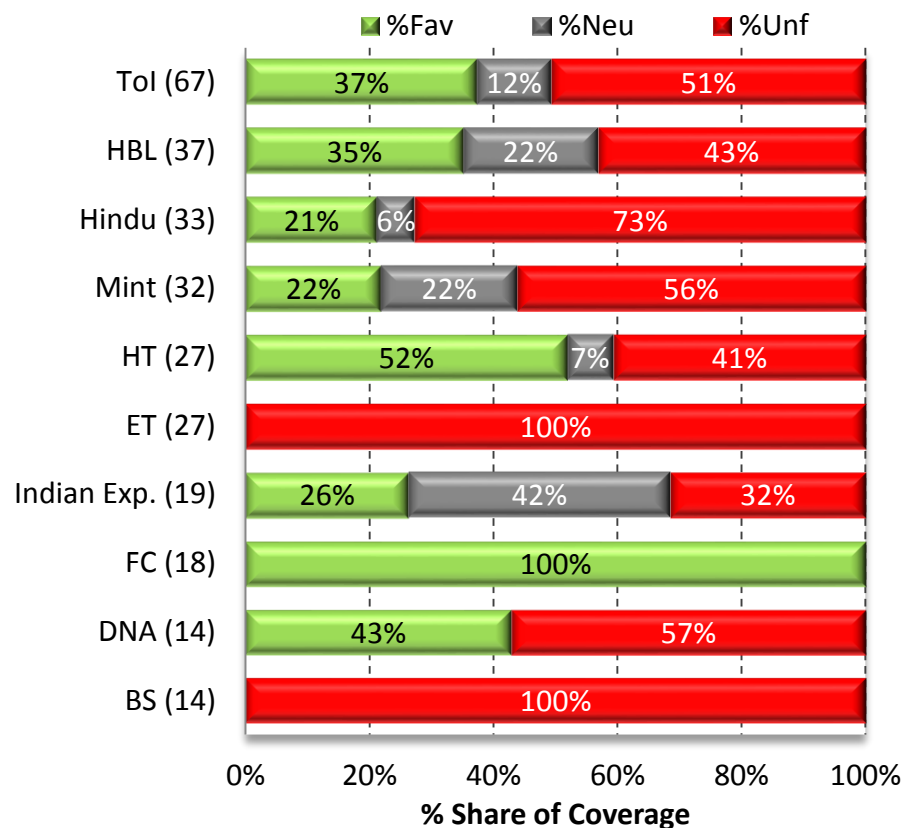
HOW THE INDIAN MEDIA IS COVERING TB?

Media Analysis

Leading Media

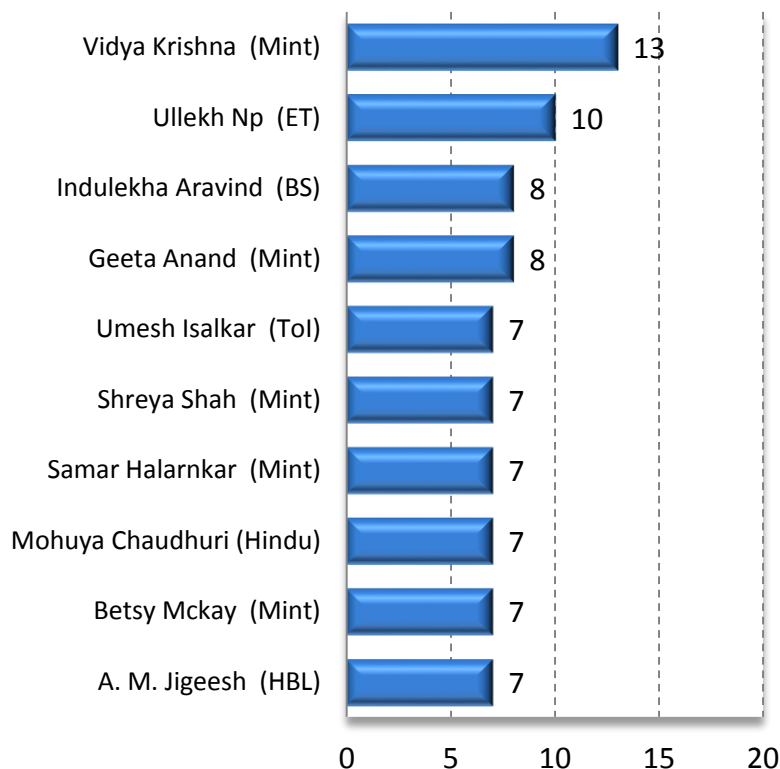


Leading Media – Favorable-Neutral – Unfavorable (FNU_Analysis)

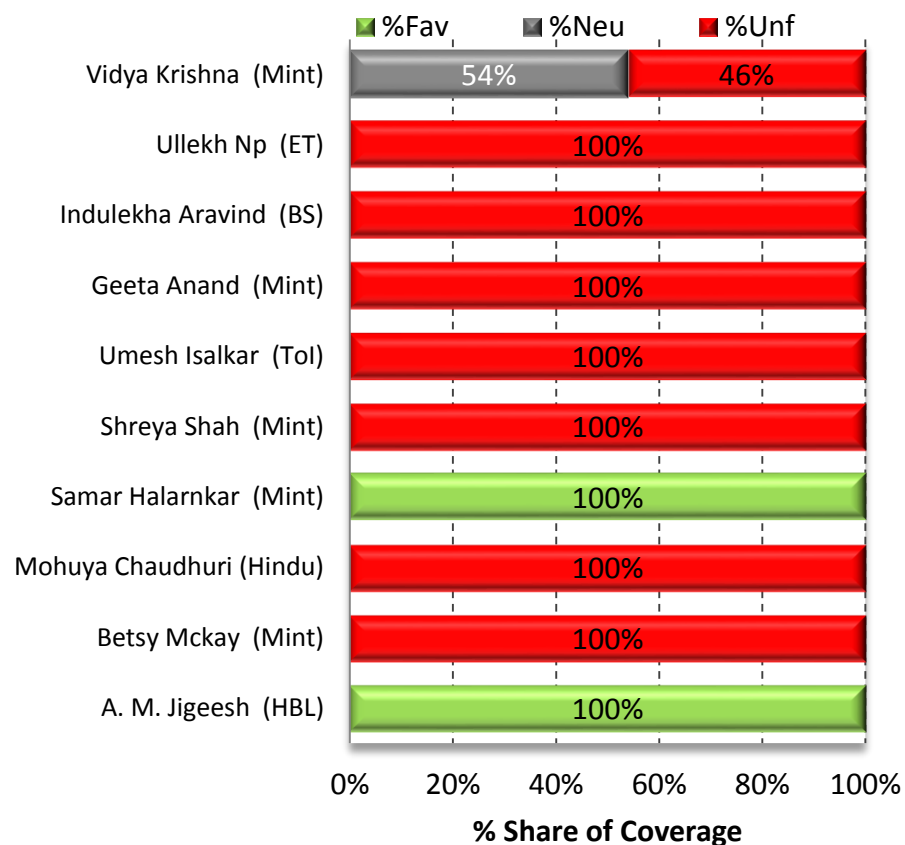


Media Analysis

Leading Bylines



Leading Bylines – FNU Analysis



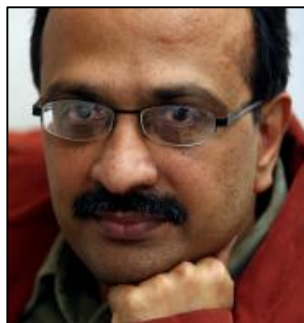
Influential Journalist - TB



Pushpa Narayan
(The Times Of India)



Umesh Isalkar
(The Times Of India)



Dinesh C Sharma
(Mail Today)



Priyanka Vora
(Hindustan Times)



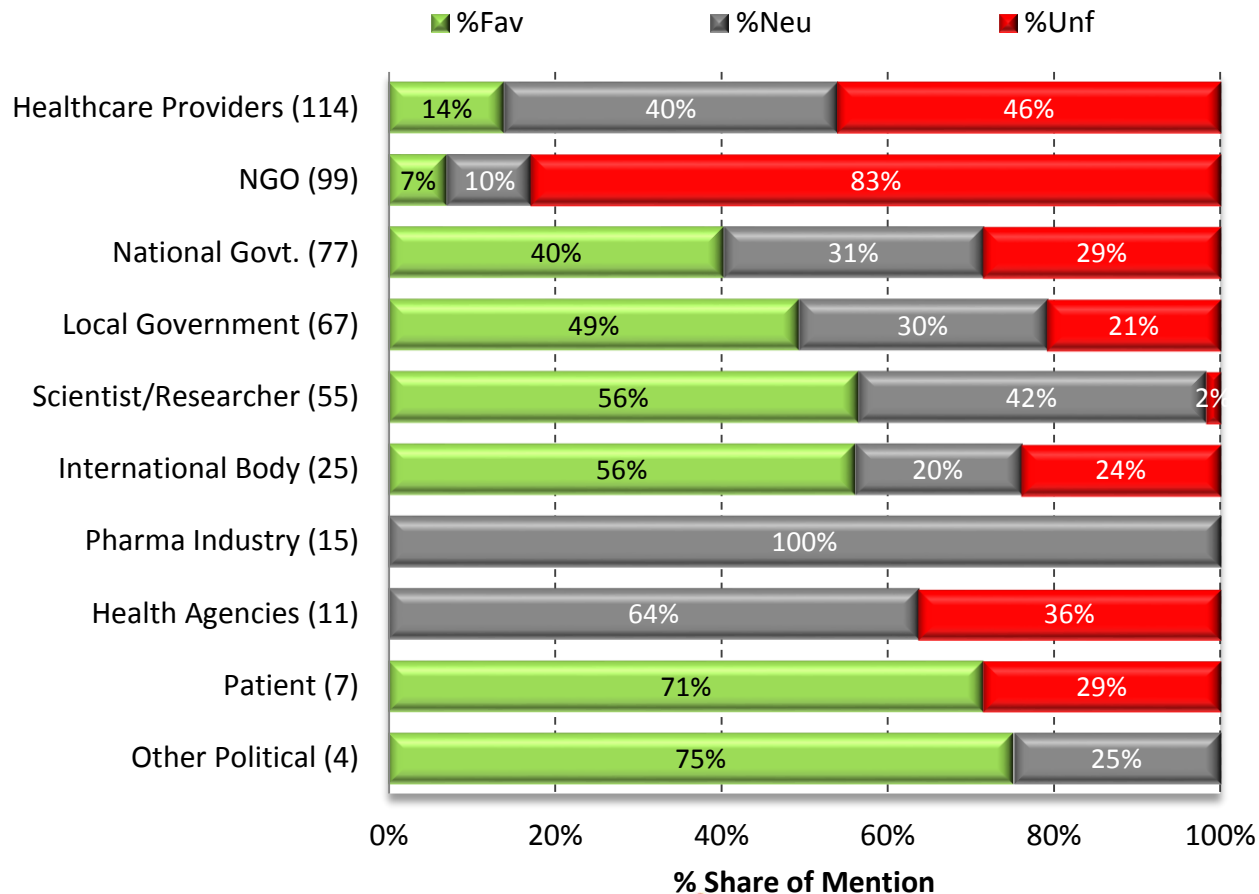
Maitri Porecha
(DNA)



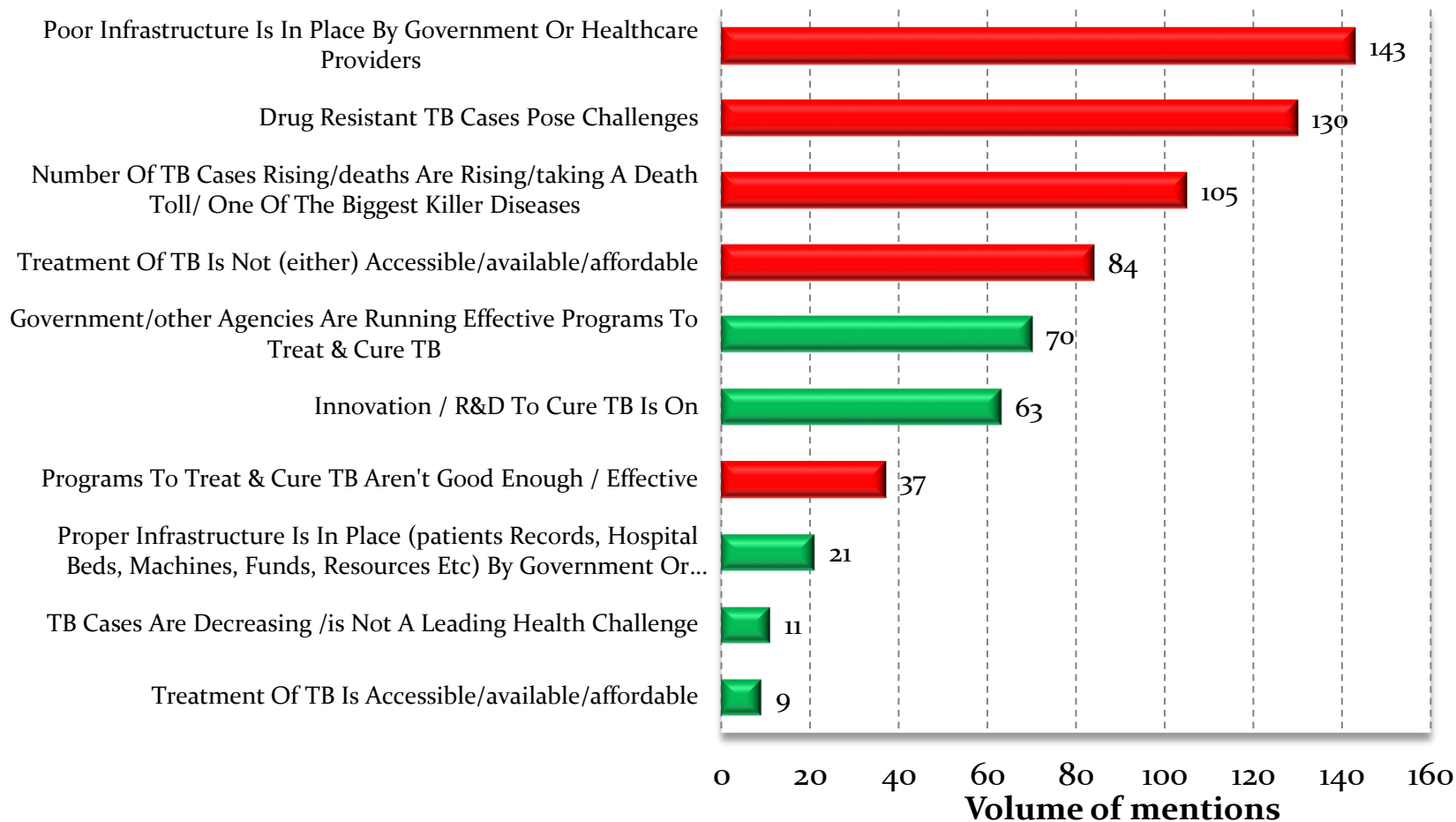
Malathy Iyer
(The Times Of India)

Sources Analysis

Leading Sources - FNU Analysis



Messages Analysis- Leading Messages



Media coverage on TB - Examples

Indians booed at global meet for 'genocide of TB patients: Malathy Iyer, TNN

- PARIS: Accusing India of committing genocide of tuberculosis patients, international activists on Friday booed Indian health officials at the ongoing Union World Conference on Lung Health here while they were trying to showcase the country's efforts to check the disease that kills 1,000 Indians every day.

Diabetes and TB interlinked, say doctors: IANS | Nov 13, 2013, 05.45 PM IST

- According to the government-run Revised National TB Control Programme (RNTCP), people with [diabetes](#) have a two-three times higher risk of TB compared to people without diabetes and about 10 per cent of TB cases globally are linked to diabetes. "The link between diabetes and tuberculosis is a recent knowledge and the subject of much research. Studies show that diabetes can lead to TB and the reverse is also true," Anoop Mishra, chairman Fortis Centre of Excellence for Diabetes Metabolic Diseases and Endocrinology (CDOC), said.



Mirror Impact

Sandoz warehouse raided; alert across six states

A day after this newspaper reported that stray strips of pharma major Sandoz's tuberculosis combination drug '4D' sold across six states carried wrong dosage, the Food and Drugs Administration directed the manufacturers to withdraw the entire suspect batch of the drug from the market.

For the crisis deepened on Tuesday, when drugs inspectors found that some strips of '4D Plus' - a higher potency variant of '4D' - too carried the mixed-up dosage and had found their way to the market.

The FDA has now directed its inspectors to suspend the sale of '4D' belonging to batch no. DD 4670 and '4D Plus' belonging to batch no DF 7161 from retail stores across the state. The drug administrator is now in the process of alerting its counter-parts across six states where Sandoz markets '4D' and '4D Plus'.

A south Mumbai doctor had written to the FDA on Monday seeking withdrawal of '4D' from the

Most Read

Today This week Month All Time

Across Mumbai Mirror >>

- > The mysterious woman behind Sal
- > Film review: Goliyon Ki Raasleela
- > A Besharam exit
- > The solitary Tendulkar
- > What's cooking?
- > Getting framed with De Niro
- > The basic instinct star in city
- > Tendulkar made you feel sad as he
- > My name is Bond

From Mumbai >>

Today This week Month All Time

- > The mysterious woman behind Sal
- > The basic instinct star in city
- > Marathi theatre loses its ace mark..
- > A 3-2 fall-out - Mumbai - four...

How the Media is covering TB in India?



Under-nutrition among TB patients in rural India doubles risk of mortality: The Hindu: AARTI DHAR

- *Nutritional support during treatment of pulmonary TB recommended*
- Severely undernourished tuberculosis (TB) patients in rural India have twice a higher risk of death, a scientific research study has concluded.
- The study conducted at Jan Swasthya Sahyog (JSS or Peoples' Health Support Group), a non-profit voluntary organisation, suggests the need for nutritional support during treatment of pulmonary TB among these patients.

Interactive session

- Introduction to the Guest Speaker
- Address by the invited media person / senior journalist
- Question and answer session

Summary of the Session

- Analysing news coverage, with a special focus on sources and messages; marking it favourable, unfavourable or neutral.
- Media content analysis is an important activity to understand how media is covering the issues, for e.g. TB, where treatment, patients' stories and government infrastructure were being covered.
- Understand the journalist's side of the story:
 - When to call
 - What information to provide
 - Journalists are interested in positive developments and not just sensational



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Workshop on Effective Media Engagement in TB Control



Session 4: Role of Spokespersons



Session 4: Role of Spokespersons

Session overview

- What makes for a good Spokesperson?
- Role and responsibilities of Spokespersons
- Understanding Key Messages
- Group Activity

Session 4: Role of Spokespersons

Learning Objectives:

- Understand qualities of a good spokesperson
- How to be a good spokesperson
- Importance of Key Messages; standardised messages that are clear, concise and memorable.

The Spokesperson



**A person authorised to speak to
media on behalf of a community /company/ division / articulating
it's / their common point of view**

Why Spokespersons?

- Too many voices - all cannot be heard
- Avoid mixed messages
- Not everyone will have the same vision and perspective
- Not everyone is equipped to articulate the companies', division's or brand point of view
- Control possible dissent that could find its way to public domain

**Being a Spokesperson you become the custodian of
division/organisation/brand**

Therefore...

- The responsibility is two fold
 - Issues - on which you can speak
 - Topics beyond which you cannot speak
- characteristics of a good spokesperson
 - dynamic,
 - confident,
 - good public speaker,
 - calm,
 - able to stay on message,
 - professional, well-groomed

Role of Spokesperson in an Emergency

- Takes your organization from an “it” to a “we”
- Builds trust and credibility for the organization
- Remove the psychological barriers within the audience
- Gain support from media

Guidelines to be a good Spokesperson

1. Know your subject and key messages
2. Prepare notes / speeches if necessary
3. Avoid using jargon and slang
4. Give sincere and honest answers; If you don't know, Say so
5. Use words judiciously
6. Use examples to demonstrate your point
7. Believe in what you are saying
8. Stay with what you are comfortable/ authorized to speak about
9. Show care and concerns during difficult situations
10. Check if there are any related events happening in the city/ country/ world that could affect your position
11. There is no off the record; Read through your Q&A sheet
12. Remember that the audience is the target, not the reporter

Tips for a Spokesperson

Personality

- Personal grooming and hygiene - look presentable
- Dressing appropriately for various situations - go formally dressed if you are not sure
- Avoid smelly food and/or drink
- Appropriate body language - no crossing of arms across your chest, hold the podium, hold papers, look interested
- Practice, practice, practice. The more interviews you do, the better you will get at speaking on camera and in front of audiences.
- Never say, “No Comment.” You lose an opportunity to say something. Bring it back to your message by saying, “I don’t know the answer to that question, but I do know...” or, “What I’m really here to talk about today is...”

Preparation for Spokesperson

- Formal training on spokesperson
- Homework/Briefed on the issue in hand
- Key messages to be delivered identified
- Mock interviews and practices handling difficult questions

Video clips

Key Messages

Key Messages

- Key messages are the points that you want your audience to remember and react to
- Key messages should be
 - Clear, concise, memorable messages
 - Factual
 - Aligned with RNTCP vision and objectives
 - Focus on few key messages is the key
- Develop 3 talking points that includes
 - 1) a statement of the problem
 - (2) a vision of the solution (from CTD) and
 - (3) something the audience (people) can do to bring about a solution.

Secretary-General's Message on World Tuberculosis Day

- Tuberculosis is the world's second most deadly infectious diseases among adults, after HIV/AIDS. Every year, TB kills 1.3 million people and causes nearly 9 million to fall ill.
- The tragedy is that TB is curable, yet one third of those who have it – some 3 million people – do not get the treatment they need. Most are poor. Many are from marginalized populations such as migrant workers, refugees and internally displaced persons, prisoners, indigenous peoples and ethnic minorities.
- Progress in recent years has proven that we can tackle this threat with concerted efforts. Between 1995 and 2012, global health interventions saved 22 million lives and successfully treated 56 million people suffering from TB.
- To accelerate results, we need to increase access to health services and mobilize communities, hospitals and private providers to reach more people and treat them faster. We must also invest more in research to find diagnostic tools, drugs and vaccines.
- Everyone with TB should have access to the services they need for rapid diagnosis, treatment and cure. This is a matter of social justice. It is also an issue of global health security, given the rapidly emerging problem of patients with deadly, extensively drug-resistant TB going undetected. Even when they are diagnosed, many lack access to effective treatment.
- On World Tuberculosis Day, I call for intensified global solidarity to eradicate this preventable disease. By caring for the 3 million people who do not have the treatment they need, we will foster a better future for all humankind.

Key Messages on RNTCP - Example

- As per the WHO around 3 million TB cases are prevalent in India currently.
- RNTCP – is based on the internationally recommended DOTS strategy,
- Objectives
 - Early detection and treatment of at least 90% of estimated all type of TB cases in the community, including Drug resistant and HIV associated TB.
 - Successful treatment of at least 90% of new TB patients, and at least 85% of previously-treated TB patients
 - Reduction in default rate of new TB cases to less than 5% and re-treatment TB cases to less than 10%
 - Initial screening of all re-treatment smear-positive till 2015 and all Smear positive TB patients by year 2017 for drug-resistant TB and provision of treatment services for MDR-TB patients;
 - Offer of HIV Counselling and testing for all TB patients and linking HIV-infected TB patients to HIV care and support;

Key Messages on RNTCP - Example

- Since inception, RNTCP has evaluated over 55 million persons for TB and initiated treatment for over 15.8 million TB patients.
- Prevention of mortality has been biggest achievement of RNTCP saving more than 2.8 million lives.
- A total of 6.3 million patients have been treated under the RNTCP from 1997-2006.

Key Messages on TB - Examples

- TB is preventable and curable.
- TB is a chronic infectious disease caused by *Mycobacterium tuberculosis*. The disease is neither a curse nor hereditary; anyone can get it.
- Persisting cough for two weeks or more, coughing up blood or blood in the sputum are major TB symptoms. Chest pains, fever, night sweats and weight loss are also frequent symptoms.
- TB patients can return to work once it is confirmed that they are no longer infectious.
- TB diagnosis and treatment is free at all government health facilities.
- Medicines should to be taken for 6–8 months under the supervision of a DOTS provider.
- All TB cases should know their HIV status.
- All HIV-TB cases should receive antiretroviral therapy (ART) from the ART centers of NACP at government health facilities.

Group activity

Group Activity: As per the situation provided to you, how will you handle the situation? Who will be your spokesperson? What will be your key messages?

1. Media Hand-out 3: Media Do's and Don'ts
2. Media Hand-out 4 : Key Messages

Distribute Activity sheet #4

Summary of the session

- A spokesperson is authorized to speak to media on behalf of your organization.
- Spokesperson should receive formal training to speak to media.
- A spokesperson should well-prepared with key facts and figures and key messages.
- Should be confident to present the Key Messages to the media and should understand the Do's and Don'ts of media.
- The responsibility to be shouldered as a spokesperson is underscored as he/she is representative of the organisation / department.
- Spokesperson should practise speaking and delivering the Key Messages with mock teams, before engaging with the media.
- Key messages should be clear, factual, appropriate to the context and approved by the competent authority (Centre / State).

Session 4 Activity III Media spokesperson - Set 1

You are given the following situation. You have to analyze the same and give your take on how will you approach it as the media interface in your state?

SITUATION: No shortage of tuberculosis drugs, says Health Minister

One of the challenges in anti-TB drugs procurement is that only a few manufacturers produce the particular regimen used by India's programme, which is of intermittent schedule. WHO currently recommends governments to consider changing the regimen from intermittent to daily. This might lead to shortage of drugs. Rejecting media reports about shortage of anti-TB drugs the Government of India said there was no shortage of TB drugs in the country and more stocks will arrive by the month-end. On this the World Health Organisation (WHO) has also supported the Government's claim saying steps have already been initiated to ensure replenishment of stocks of key drugs. What does such a recommendation imply for your state? Do you have enough supply to tackle this intervention?

Your office has received many calls from media over the last two days on this development. How will you handle the situation? Who will be your spokesperson? What will be your key messages?

Session 4 Activity III Media spokesperson - Set 2

You are given the following situation. You have to analyze the same and give your take on how will you approach it as the media interface in your state?

SITUATION: Misreporting on tuberculosis

There has been a challenge to implement the order issued by Union Ministry of Health and Family Welfare that makes it mandatory for all private hospitals and practitioners to notify TB cases to district TB officials. The State TB officials are supposed to contact local district medical officers and district units of Indian Medical Association to spread awareness among private hospitals on the importance of mandatory notification of TB cases. However, it has been noted that the effort is not bearing fruits and many cases are going unnoticed. What is the situation of TB notification from private sector in your state and what steps have been taken in your state to implement the order?

Your office has received a query on this regard and has asked how are you ensuring that the correct reportage of TB happens in your state. How will you handle the situation? Who will be your spokesperson? What will be your key messages?

Session 4 Activity III Media spokesperson - Set 3

You are given the following situation. You have to analyze the same and give your take on how will you approach it as the media interface in your state

SITUATION: New infrastructure running behind schedule

Your state is gearing up for the task of rolling out facilities for DRTB patients in all the 30 districts by March 24, which is World TB Day. An IRL (Intermediate Reference Lab) for detection of DRTB patients is also proposed to come up in your state. However, some experts and senior spokespersons have recently made a comment that the task is easier said than done, and the picture on the ground is not too rosy. A Government official on conditions of anonymity has revealed that the proposed IRL at XYZ which the STO refers to has been languishing for over three years now. Instruments supplied by the WHO have been lying unused since 2010. Even their time period for installation and warranty has expired for that.

You are receiving queries from media on this development. How will you handle the situation? Who will be your spokesperson? What will be your key messages?

Session 4 Activity III Media spokesperson - Set 4

You are given the following situation. You have to analyze the same and give your take on how will you approach it as the media interface in your state?

Situation: 50 new cases in last 2 months of DR-TB

TB patients must take at least 6 months of medications without interrupting them otherwise TB bacteria can become resistant to the common, first-line drugs that are used. Multidrug-resistant TB requires extensive treatment (2 years or longer) with multiple drugs, and outcomes are usually poor. A sizeable number of 50 new cases MDR-TB have been reported in your district in the last 2 months. People are worried everywhere. Experts fear that MDR-TB and its deadlier cousin – XDR-TB, may soon pose a bigger threat than HIV/AIDS in your state. How is your state prepared to handle this situation?

It is a crisis situation in your state and media is continuously reporting on it. What is the step that you will take now to respond to media? Who will be your spokesperson? What will be your key messages?

Session 4 Activity III Media spokesperson - Set 5

You are given the following situation. You have to analyze the same and give your take on how will you approach it as the media interface in your state?

SITUATION: High powered organizations meet to discuss TB epidemic

Several health organisations and NGOs have joined hands with the local municipality to prepare a blueprint to tackle multi-drug resistant (MDR) tuberculosis in your city. The organisations, which include the National Tuberculosis Institute (NTI), Central TB Division, World Health Organisation (WHO), the Bill and Melinda Gates Foundation and several private practitioners, deliberated on the blueprint plan for over two days. The stakeholders seem to have agreed that the thrust of the programmes to address MDR-TB and TB at large have to be slum or slum-like areas in Mumbai. One of the key concerns of the Group was also non-compliance of private practitioners in notifying the governmental TB agencies about TB cases that have come to their notice first.

Your office has been receiving many calls from media since morning to get insights on the discussion. How will you handle the situation? Who will be your spokesperson? What will be your key messages?

MEDIA TRAINING HANDOUT 3

CENTRE FOR TUBERCULOSIS DIVISION

Media Dos and Don'ts

DO

- Always be punctual for a media interaction, especially if it's a one-on-one interaction
- Greet the journalist only with a handshake if you are meeting the person for the first time
- Address the journalist by the first name. The interview gets a personal touch which leaves a more lasting impression
- Gauge the personality of the journalist and then decide how friendly you need to be
- Do compliment the journalist if you think s/he has asked an intelligent question
- Understand the question before you start answering. It is all right to clarify the question by saying - "Is this what you mean...?"
- Anticipate questions, especially tough ones and visualize your answers before you speak
- Give crisp short answers and keep the audience in mind while answering questions
- Correct misstatements if any, without being aggressive
- Take the initiative and direct the interview
- Get your key messages in early and often
- Use bridging to get to your key messages
- Support your messages with proof points, facts, analogies.
- Turn negatives into positives.
- Be honest.
- It's OK to say "I don't know" or ask to restate the question.

DON'T

- Do not answer any tricky questions. It is not necessary to answer all the questions posed by the media. It is all right to say – 'I don't think I can comment on this'
- Do not answer hypothetical questions
- Do not impose any strong comments on any controversial topics
- Do not provide any information 'Off the record'. Nothing is ever 'off the record' with any media person
- Never be rushed into an interview. However, it is perfectly all right to politely remind the journalist that he/she has exceeded her time slot
- Do not stray away from the discussed focus of the interaction
- Do not use technical terminology with the journalist. This is to avoid ambiguity and misinterpretation
- Avoid correcting the journalist on air. Ask another question to ascertain what he or she means
- Do not cancel or postpone interviews.
- Do not repeat negative language from the questions in your answer.
- Do not dodge tough questions.

- Avoid over-answering.
- Do not use industry jargon / technical terms / little-known acronyms.
- Do not say “No Comment”
- Do not ask to review an article before it is published.

In A Nutshell

Answering Questions	<ul style="list-style-type: none"> • Be brief and to the point • Don't be too word perfect • Don't waffle • Avoid technical jargon • Don't interrupt the question • Don't be interrupted
Reversing the speech sequence	<ul style="list-style-type: none"> • State your conclusion first, then follow up with details as time allows • Focus on what you're there to say and your key messages
Handling silence	<ul style="list-style-type: none"> • If an interviewer remains silent after your answer, you should, too — they'll move on
Taking questions at face value	<ul style="list-style-type: none"> • Don't read more into the questions than there is • Don't over-analyse, get misled in details or over-answer — know when to stop
Catching and passing	<ul style="list-style-type: none"> • Link a word in the question to one of your messages • Link bigger, underlying issue to message that fits best
Highlighting	<ul style="list-style-type: none"> • Underscore the most important points • What's obvious to you may not be to others
Hooking	<ul style="list-style-type: none"> • End answer with hint of something intriguing • Encourages the follow-up question you want

KEY MESSAGES - CTD

RNTCP

- The Revised National TB Control Programme (RNTCP), based on the internationally recommended **Directly Observed Treatment Short-course (DOTS)** strategy, was launched in 1997 expanded across the country in a phased manner with support from the World Bank and other development partners
 - The objectives of the programme are to
 - To achieve and maintain cure rate of at least 85% among New Sputum Positive (NSP) patients
 - To achieve and maintain case detection of at least 70% of the estimated NSP cases in the community
- The vision of the Government of India is for a “TB-free India” until it is no longer a major public health problem. To achieve this vision, the programme has now adopted the new objective of Universal Access for quality diagnosis and treatment for all TB patients in the community
 - **Universal Access:** RNTCP during the 12th Five Year Plan (2012-2017) aims to achieve 'Universal access' to quality assured TB diagnosis and treatment, and elaborate plans are being made.
- By end-2015, the programme aims to achieve:
 - Early detection and treatment of at least 90% of estimated TB cases in the community, including HIV-associated TB;
 - Initial screening of all re-treatment smear-positive TB patients for drug-resistant TB and provision of treatment services for MDR-TB patients;
 - Offer of HIV Counseling and testing for all TB patients and linking HIV-infected TB patients to HIV care and support;
 - Successful treatment of at least 90% of all new TB patients, and at least 85% of all previously-treated TB patients;
 - Extend RNTCP services to patients diagnosed and treated in the private sector

Progress of the program

- Since its inception, the Programme has initiated more than 12.8 million patients on treatment, thus saving nearly 2.3 million additional lives.
 - Since 2007 programme is achieving a treatment success rate of >85% and has consistently maintained the NSP case detection rate (CDR) of >70%.
 - In 2010, RNTCP has achieved the NSP CDR of 71% and treatment success rate of 87% which is in line with the global targets for TB control.
- Monitoring, supervision and evaluation
 - All states are currently implementing the ‘Supervision and Monitoring strategy’ – detailing guidelines, tools and indicators for monitoring the performance from the PHI level to the national level.
 - The quality program implementation is ensured by frequent Internal and external evaluations. The program is focusing on the reduction in the default rates among all new and retreatment cases and is undertaking steps for the same.
- ACSM - An effective advocacy, communication & social mobilization (ACSM) strategy is in place in order to maintain high visibility of TB and RNTCP amongst policy makers, opinion leaders and community.
 - Four regional level ACSM capacity building workshops were held by the program, wherein key functionaries in the field (STO, DTO, and implementing NGOs).
 - New TV and radio spots focusing on adherence to treatment and stigma reduction. New logo has also been designed ‘Pura Course Pakka Ilaz’.
 - A training module for the private practitioners has been revised by Central TB division to update them on the technical and operational aspects of the programme. A patient information booklet (PIB) has been developed to help patient know about tuberculosis in simple terminology which is provided to private providers.



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Workshop on Effective Media engagement in TB Control



Session 5: Media Simulations & Toolkit



Session 5: Media Engagement

Session overview:

- Tools of Media Engagement
- Media Simulation exercise: Mock interview sessions on camera
- Understanding the Media Tool Kit

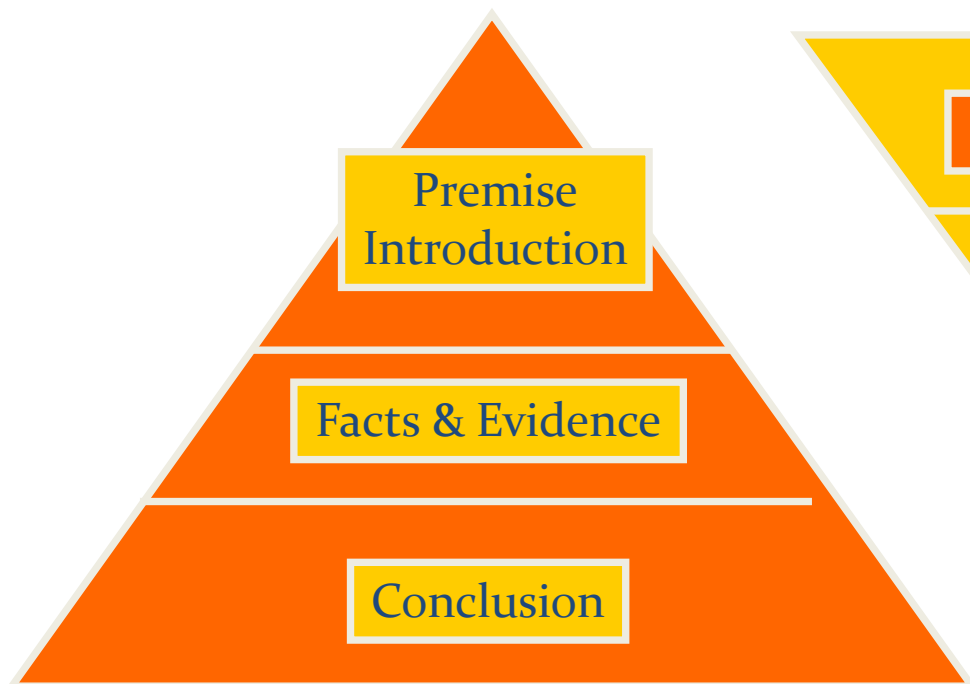
Session 5: Media Engagement

- **Learning Objectives:**
 - Understand message delivery techniques of bridging, flagging and hooking
 - Learn to speak with media, with practice through mock sessions on how to face camera
 - Understand the tools of media engagement and its use
 - Effectively use the Media Toolkit

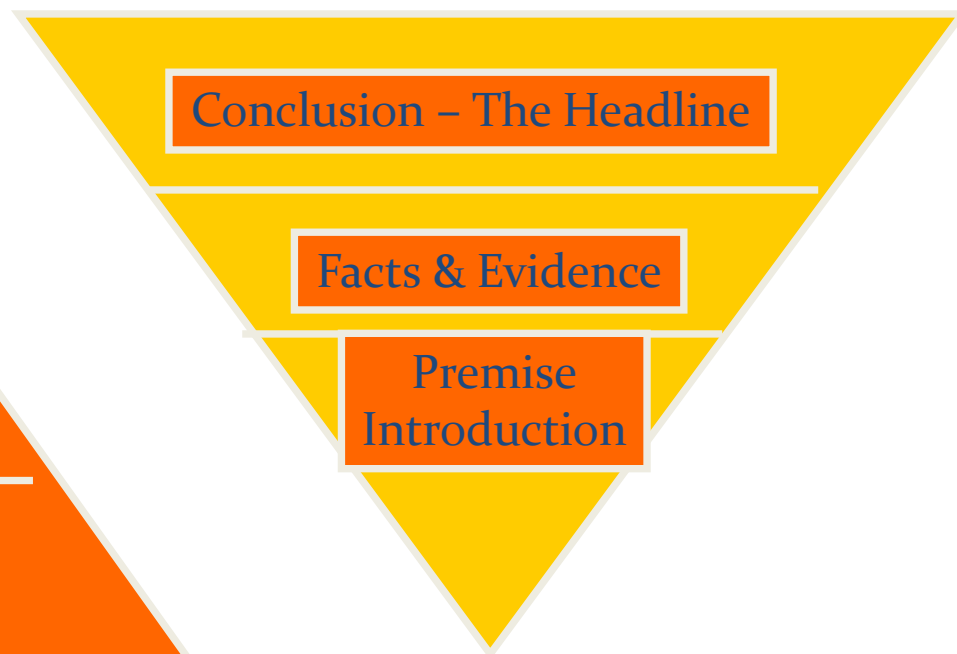
Message Delivery Techniques

Bridge The Gap

The way we present



The way journalists write



Deliver Your Message.. By Controlling It

Bridging

Flagging

Hooking

Turning the tables

Bridging, hooking, and flagging are techniques that allow you to take control of any interview—making it proceed as a dialogue, a two-way conversation rather than you waiting for the reporter's questions and hoping to survive.

Learn to Bridge

- Bridging is a technique used to move from one aspect of and issue to another...
- This technique will allow you to move from an area in the conversation that you don't want to discuss and get the conversation back to your message.

Transition word or phrase

- *I can't speculate on that but what I can tell you is...*
- *While I can't provide details in that area, what I can tell you*
- *I can't speak for (X), but what I can tell you is...*

Acknowledge the question

- *That's an interesting question. What most people don't know is...*

Bridging

- Change the subject..
 - Let me give you some background information...
 - Let me put that in perspective ...
 - That's not my area of expertise ..
 - What I want to make sure you understand here is
 - That reminds me

Answer

Yes...

Not really

I don't know

Bridge

additionally

let me explain

but this I do know

Communicate

Key Message

Key Message

Key Message



Steering (or Flagging)

Flagging is a way to help your audience remember your message by emphasizing or prioritizing what you consider to be most important



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Steering (or Flagging)

There's a lot of debate in the industry on that topic, from my point of view...

The most important thing to remember is...

I've talked about many issues today. I think it boils down to these three things...

Let me make one thing perfectly clear...

"The take-home message would be..."



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Hooking

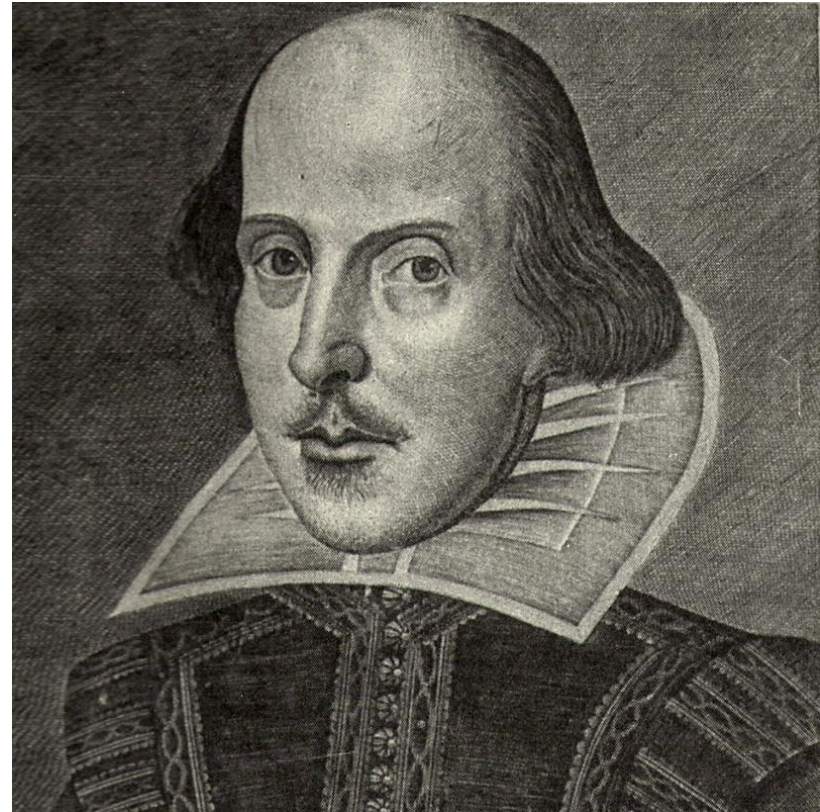
- Hooking is to force a follow-up question that sets the stage for a key message in other words influencing the next question
 - “There are several ways to answer your question...”
 - “That’s just one of the benefits of...”
 - “CTD has some long term and some short goals...”
 - “There are three focus areas...”
 - “That’s just one possibility..”
 - “There are many factors that influence the decision to choose a treatment methodology...”

Turning The Table

- Ask and answer the question your self
 - I'm often asked how Government is prepared to fight the social stigma of TB.....
 - Are we winning the battle against TB, yes we are! DOTs is.....
 - Are we prepared for drug shortage, I know we are.....

Be Quotable – Use storytelling tools

- Avoid
 - Jargon
 - Clichés
- Employ story tools
 - Analogies
 - Metaphors
 - Scale



Prepare To Deliver Your Message

Print interview

- print is the most 'permanent' media form
- print interviews are generally more in-depth exercises
- print interviews allow you more leeway in responding to questions

Broadcast interview

- broadcast is an impressionistic medium take extra care to be responsive
- how you look or sound is almost as important as what you say short and crisp answers

Speaking to Media

Speaking to Media

- In this session:
 - Preparing for Print Media
 - Preparing for Telephone interviews
 - Preparing for Radio Interviews
 - Preparing for Television



Speaking for Media



To avoid getting your quote placed out of context, be concise and do not use a clutter of words



In radio unless you have a powerful voice or the news is sensational your impact is limited



In television YOU can make all the difference with a combination of knowledge & presentation

Preparing for interview

- What is the subject and focus of the interview, and why did the reporter contact you?
- Is the subject currently in the news? How controversial is the subject?
- Who is the reporter?
- What is his/her reputation, leanings and interview style?
- What news outlet does the reporter work for, and who is its audience?
- Where and how will the interview be conducted (e.g., in person, on the phone, radio, video), and how long will the interview take?

Preparing for Print media

- Know the publication,
- The journalist
 - Previous stories on the subject
- His / hear Leanings
- Be clear on the subject of the interview
- Request questions in advance if possible
- Prepare your story and key messages
- Identify and brief spokespersons
- Inquire about possibility of email interviews for print media



Preparing for Television

- What will you say ? -Watch your verbal content
- How to say? What should be the tone? - Vocal Tone
 - Different tones may be appropriate for different topics/interviews
- How will you look? - Visual Impact
- Caring, sincerity & honesty, Competence

Television Interview tips

- Be prepared with your subject matter
- Television's disadvantage is its compression of information. Since time is at a premium, what you say needs to be concise and to the point.
- Always create a few “sound bytes” or short, memorable lines that are crisp and conclude the whole interview. If you get a 30 second sound bite aired on TV news, you are on a real winning streak.
- Use hand gestures to emphasize a point.

Television Interview tips

- Dress for the audience-wear neutral colors and avoid patterns, floral, stripes or dots.
- Don't wear noisy jewelry or large buttons or slogans on your clothing.
- Bring a smile into a serious conversation, it makes everyone feel more comfortable, including you.
- Sit on the edge of your seat and lean into the interviewer-you appear more engaged on camera.
- Don't get distracted by a reporter, crew member or camera. Look at the person asking the questions and treat the situation like a conversation
- Remember that the audience is the target, not the reporter.

Telephone Interview Tips

- Know who is on the other end of the line
- Ask if you are being recorded
- Ask when and where the information will be used
- Spell out difficult names/technical terms/phrases
- Limit the time available for the interview up front
 - Keep it brief
- Be certain to ask for feedback from reporters to ensure they are understanding your points

Radio Interview Tips

- A live interview is very different than a taped interview.
- Watch out for “Uh,” “Um,” and “You know.”
- Radio will not be as in-depth as print.
- Be careful NOT to repeat the negatives in a reporter’s question.
- Do radio interviews on landlines (if they are done via telephone), since poor cell phone reception can affect the quality of the sound.

Before you deliver the news

- Prepare what you want to say:
- Rehearse
- Control the environment
 - Quiet surroundings
 - Availability of water, tea and coffee

Delivering your presentation

- Leadership is crucial and the way you communicate is important
- Communicate passionately
- Maintain good eye contact
- Use natural open gestures
 - But be careful not to use too many hand gestures in TV interviews as that can be distracting.
- Use a strong, clear voice
- Avoid over use of notes
 - There should not be ANY notes for a TV interview
 - Notes can be used for radio/print, but only as a reference for statistics/numbers

What is your audience looking for from you?

- Good leadership
- Empathy
- Information
- Clear objectives
- Encouragement
- Evidence that you understand them
- Strength of character
- Guidance
- Someone who is trustworthy
- Someone who is able to deal with problems
- Someone who has a vision and see the bigger picture

Dealing with the question and answer session

- Anticipate awkward questions and think through responses, but don't rehearse them too much so that they come out pat
- If you think the audience may not have heard the question, REPEAT IT
- Don't be led into an area you don't want to go with a question. Make a bridge
- If there is no independent moderator, YOU decide if the session has gone on long enough and bring it to a close in a controlled way. Don't let it peter out
- After questions do sum up with your main message before ending – remember it is the last thing people hear and it should be positive.

Media Simulation Exercise

- Media Simulation exercise: Participants on camera facing questions of journalists / addressing journalists
- **Activity 5 facing the camera:** Participants to be divided into groups and given the scenarios
- **Hand-outs:** Media Do's and Don'ts to be referred here.

Preparation for media engagement

- Mapping local, regional and national media against stakeholder groups – prepare media list
- Establish & maintain relations with media
- Preparation of key messages
 - Pitch notes for media
 - Briefing document for spokespersons
 - Should contain details of journalist, media, leanings, story angle, previous stories
 - FAQs
- Spokesperson training

Tools for Media Engagement

- Press materials provide reporters additional information about your work and your cause to help them write their articles or produce their segments. Some common and effective press materials include:
 - Press Release
 - Public Service announcement (PSA)
 - Letter to Editor; Op Ed articles
 - Contributory Articles- on health related stories
 - Media Advisories for Press Conferences
 - Panel Discussions
 - FAM Trips (Media Familiarization Trips)

Press release

- A short (usually one page) description of your news or event designed to inform media of high-level information—the who, what, where, when and how.
 - Press releases are emailed to journalists
- A press release should include these key elements:
 - Your contact information
 - A captivating headline
 - A quote from your organization's president or spokesperson
 - Essential information about your issue or event
- Ensure the media list is updated and only relevant journalists are being reached out to

Group Activity

- Hand-outs:
 - Media Advisory Sheet
 - Press Release
 - Op-Ed article
 - Hand-out 5 : Explaining Media Tools in detail
- *Group Activity : Drafting a Press Release*

Measurement and Evaluation

- Type of media engaged – e.g. Regional, vernacular, magazine, local television, international television
- Measurement indicators
 - Volume of coverage
 - Article counts
 - Content analysis
 - Quality of coverage – e.g. Headline, photograph(Color or B/W), Page no,
 - 100 % key message delivery
 - Audience impressions

Summary of the Session

- Message delivery techniques of ‘bridging, hooking, flagging and turning the table’ are important to practice before interacting with the media.
- All media interactions – whether for print or electronic media – mandatorily require adequate preparation by the Spokesperson.
- ‘Tools for Media Engagement’ and significance of each element:
 - Press Release; Public Service announcement (PSA); Letter to Editor ; Op Ed articles; Contributory Articles- on health related stories; Media Advisories for Press Conferences; Panel Discussions; and FAM Trips (Media Familiarization Trips)

Summary of the Session

- It is important to ‘control the conversation’ with media and avoid the risk of being misquoted, mis-represented or being ‘lost’ in the media coverage.
- All elements of the Media Tool Kit are important; understand the use of each before planning any media engagement.
- Select your appropriate Media Tools based on context and requirement.

SESSION 5 - Activity 5. Facing the camera - Set 1

You are given a hypothetical situation individually. This is a situation that has hit your state. It is presumed that you have to answer media queries following the incident. You will be facing a camera for a one to one electronic news media interaction with a journalist (trainer who will pose the questions).

The recordings will be played back to you and the trainer will give individual feedback on the same.

Situation: 50 people die in last 1 month of DR-TB

We are aware that TB patients must take at least 6 months of medications without interrupting them otherwise TB bacteria can become resistant to the common, first-line drugs that are used. Multidrug-resistant TB requires extensive treatment (2 years or longer) with multiple drugs, and outcomes are usually poor. A sizeable number of 50 new cases MDR-TB have been reported in your district in the last 1 month. People are worried everywhere. Experts fear that MDR-TB and its deadlier cousin – XDR-TB, may soon pose a bigger threat than HIV/AIDS.

- What is the reason for this huge number of deaths in your state due to MDR-TB? Do we not have enough infrastructures to fight the situation?
- What are the steps being taken to combat the situation?
- Why couldn't the situation be controlled in the first place? Are you not receiving enough funds from the Central Government?
- How is the private sector helping you in this situation?
- India has nearly 66,000 new cases of TB every year. Yet only 5% of the people diagnosed with the disease get the treatment they need to stay alive. Your comments on it?

SESSION 5 Activity 5. Facing the camera - Set 2

You are given a hypothetical situation individually. This is a situation that has hit your state. It is presumed that you have to answer media queries following the incident. You will be facing a camera for a one to one electronic news media interaction with a journalist (trainer who will pose the questions).

The recordings will be played back to you and the trainer will give individual feedback on the same.

Situation: Notification of TB cases needs to be made strict

It is very important to integrate home-based care, rehabilitation and social support for people suffering from drug-resistant TB. It is a serious and difficult-to-treat form of tuberculosis resistant to many antibiotics. Despite challenges of health systems and the highest TB disease burden globally, India has come a long way in its response to providing access to standard WHO-recommended anti-TB treatment through Directly Observed Treatment Short course (DOTS) to more than 14.2 million (1.42 crore) people across the country. However TB continues to remain one of the key public health priorities in India. Drug-resistant TB is one of the major concerns, and India may not be on-track to provide the universal access to quality diagnostics and treatment services for all patients with drug-resistant TB in the next five years. Let's get a further insight on this subject.

- India accounts for one-fifth of the global TB incident cases. Do you think the TB treatment is not working, as our country is over populated?
- India is grappling with the disease burden of Multi-Drug Resistant (MDR). Is the treatment plan covering even the remote areas where TB is more prevalent?
- Extensively Drug Resistant TB is realized as a danger that cannot be controlled as it has restricted treatment options. So in case of a TB epidemic what action will you take?
- Do you think more financial aid is required to make the health system further competent? If yes, then how are you planning to go about it?
- Government mentions India is on track to providing universal access to quality diagnostics and treatment services for all patients with drug-resistant TB in the next five years. What exactly is the methodology?

SESSION 5 Activity 5. Facing the camera - Set 3

You are given a hypothetical situation individually. This is a situation that has hit your state. It is presumed that you have to answer media queries following the incident. You will be facing a camera for a one to one electronic news media interaction with a journalist (trainer who will pose the questions).

The recordings will be played back to you and the trainer will give individual feedback on the same.

Situation: New machines to detect drug-resistant TB within hours

Mumbai is set to become self-reliant and self-sustaining in diagnosis of the most severe TB cases, as three teaching hospitals will get the high-tech GeneXpert machine that identifies drug-resistant tuberculosis within a couple of hours. At present, samples collected from those TB patients who are resistant to second-line of TB treatment are sent to Bangalore for diagnosis. However the state government announced that within the next two months, Maharashtra would have four laboratories that can detect second-line drug resistance among patients. It already has six laboratories to diagnose first-line drug resistance among patients. With a grant of Rs 40 lakh given by the government to a hospital for the machine, Maharashtra will have eight of the 40 GeneXperts machines in the country. With these acquisitions, the state's TB diagnostic facility will be best in the country according to experts. Let's get a further insight on this development.

- GeneXpert is an exceptional leap in the diagnosis of the most severe cases of TB. However can the majority of our population afford it?
- Tuberculosis continues to kill almost one and a half million people worldwide what steps are being undertaken in order to make the GeneXpert more accessible to smaller regions of our society?
- How does The GeneXpert machine contribute to your vision of a 'TB free India'?
- Uncoordinated private health care and large slums make Mumbai vulnerable to TB however now Maharashtra will have eight of the 40 GeneXperts machines in the country. Please highlight the positive as well as negative effects of this situation.
- Government mentions they will only be able to eliminate TB with new and more effective drugs, diagnostics and vaccines. Can you please outline the plans for the future?

SESSION 5 Activity 5. Facing the camera - Set 4

You are given a hypothetical situation individually. This is a situation that has hit your state. It is presumed that you have to answer media queries following the incident. You will be facing a camera for a one to one electronic news media interaction with a journalist (trainer who will pose the questions).

The recordings will be played back to you and the trainer will give individual feedback on the same.

Situation: Rise in cases of tuberculosis in Patna

ABC foundation has raised the red flag over rise in cases of tuberculosis in the city. Among all the municipal wards, the ones in XX area lead in disease and have shown highest incidences of TB. Cases of TB have shot up drastically. Last year over 36,417 cases were reported from municipal and government dispensaries and hospitals, out of which 6,921 patients died which means one in every 341 people have TB and the ratio has been on an increase since. ABC Foundation's latest report on the state of health of the city raises pertinent questions of grave consequences that our policy makers ought to consider seriously and expeditiously. Let's speak to the STO in-charge on this.

- While there is decrease in malaria cases drastically however the fight against tuberculosis is still not over. Does this highlight the inefficiency on behalf of the CTD?
- Over 70% of the city's population visits private healthcare centers for treatment of their ailments, only 35% of the city's population visit municipal and government dispensaries and hospitals. So do you think the increase in TB cases is majorly due to ineptness of the private centers?
- Is the Government ignoring the pleas of the economically backward population in the city since they are the major sufferers?
- The civic body also plans to set up patient support units, such as a call center facility for TB patients to get accurate information about the disease and treatment facilities. Can you highlight some more measures that you will undertake to ensure the eradication of this deadly disease?

What do you think is lacking in our country that has caused such a drastic increase in the number of diseases? How do you think the people of our nation can contribute towards this cause?

Session 5 Group Activity 6 Drafting a press release - Set 1

You are given a hypothetical situation. You are supposed to draft a press release to communicate your efforts.

Situation: World TB Day

Preparations are on for the upcoming World Tuberculosis Day. You have put in place a doctor's and Government seminar, an education session for medical practitioners and a meeting of individuals who have successfully fought TB with TB patients. There are also other local level activities you have planned across the state to create awareness about the disease and the fact that strict adherence to the course of medicine is of prime importance for all patients. You want to create buzz in your state regarding the initiatives that have been planned during the world TB day.

Draft a press release that informs media of the initiatives that have been planned by your state. Also, include a quote of a state level spokesperson in the release to highlight the vision of CTD and the progress made in the field in your state.

Session 5 Group Activity 6 Drafting a press release - Set 2

You are given a hypothetical situation. You are supposed to draft a spokesperson briefing document for a media interview.

Situation: Launch of new program

CTD has launched a new program that integrates home-based care, rehabilitation and social support for TB patients. The program involves educating family members of the patients on care methods, regular visits by locally appointed doctors and many such facilities

Draft a press release that will have details on the program and also give information on TB care. It should include a quote by a senior CTD spokesperson on the need for the launch of this program

MEDIA TRAINING HANDOUT 5

CENTRE FOR TUBERCULOSIS DIVISION

Media Tools

PRESS RELEASE

A press release is a communication that is sent to news media to be distributed among the masses. Press releases are considered as a major source of news information all over the world. They are the most commonly used public relations tool. Press releases can be of many types depending on what it is covering. It can be a small business press release informing the masses about its new development or the development of a new product. It can be used to help change public opinion or to build awareness.

Press releases have the same basic format:

FOR IMMEDIATE RELEASE

Headline
Sub-heading

City, State/ country, Date – Main body of the press release. To include spokesperson quote

Boiler Plate

Contact information

###

The press release title and main body needs to be interesting for the readers. The information needs to be news worthy. The information needs to be simple and easy to understand. The first paragraph will contain the news elements, Who, When, Where, Why, What and How. The writing of the press release needs to be concise. The main information needs to be arranged in the inverted pyramid form. The information that you distribute needs to be simple and easy to understand, so do not use jargons in the press release.

The main purpose of a press release is to inform the masses about the latest event or happening of the organization sending the press release. You need to keep the information as short and simple as possible. It is always good to arrange the information in a bullet format so that journalists can easily scan through it.

PRESS KIT

A press kit is a collection of written materials designed to introduce an expert or a company to the media. Often these materials are contained in an attractive folder and accompanied by a cover letter. The need of a press kit is to:

- **Highlight the issues** your organization can address.
- **Establish your organization's authority** by demonstrating the depth of its experience
- **Show how to use the organization's experts** by providing contact information and clarifying exactly what your person is available for, such as giving direct interviews, providing supporting information for articles, or contributing as a writer to an article.

A press kit might also contain the following:

- **Brochures and other collateral:** For company press kits or kits written about specific issues, you may include brochures, pamphlets, fact sheets, and other collateral about relevant products, services, or issues.
- **A list of suggested questions for your expert:** The beauty of this element is that it not only further articulates your expert's authority but also places the interview in the editor's imagination and helps her see your expert's potential.
- **Photograph of your spokesperson**

Media Advisory

A press advisory provides a brief, detailed description of an event, such as a media conference call or community forum. A press advisory is used to inform your media contacts (i.e. journalists, newspaper editors, communications/public relations contacts at relevant organizations, etc.) about an upcoming event. The advisory should be no longer than one page and include:

- Contact information of the person organizing the event or the person in charge of generating media coverage for the event
- A paragraph describing the objective and content of the event
- Specific details on speakers, date, time, location and, if applicable, instructions for registering for the event

A press advisory should be created and sent to your media contacts 2-6 days in advance. Re-send the press advisory a few days prior to the event as well. Be sure to call your media contacts to confirm their receipt of your press advisory and to confirm their attendance. For contacts that agree to cover your event, confirm their participation the morning of the event as well.

Editorial or Op-Ed

An editorial is a statement or article written by an editor or collectively written by an editorial board of a newspaper to represent the newspaper's official positions on issues. It expresses an opinion rather than simply objectively reporting the news. Gaining the support of a local newspaper regarding your issues can leverage your influence on policy makers and your community.

SAMPLE PRESS RELEASE

News release

Gains in tuberculosis control at risk due to 3 million missed patients and drug resistance

Progress in TB control can be substantially accelerated by addressing these challenges

23 OCTOBER 2013 | LONDON/GENEVA: Tuberculosis (TB) treatment has saved the lives of more than 22 million people, according to the WHO "Global tuberculosis report 2013" published today. The report also reveals that the number of people ill with TB fell in 2012 to 8.6 million, with global TB deaths also decreasing to 1.3 million.

The new data confirm that the world is on track to meet the 2015 UN Millennium Development Goals (MDGs) target of reversing TB incidence, along with the target of a 50% reduction in the mortality rate by 2015 (compared to 1990). A special "Countdown to 2015" supplement to this year's report provides full information on the progress to the international TB targets. It details if the world and countries with a high burden of TB are "on-track" or "off-track" and what can be done rapidly to accelerate impact as the 2015 deadline approaches.

Key challenges

The report underlines the need for a quantum leap in TB care and control which can only be achieved if two major challenges are addressed.

- Missing 3 million – around three million people (equal to one in three people falling ill with TB) are currently being 'missed' by health systems.
- Drug-resistant TB crisis – the response to test and treat all those affected by multidrug-resistant TB (MDR-TB) is inadequate.

Insufficient resources for TB are at the heart of both challenges. TB programmes do not have the capacity to find and care for people who are "hard-to-reach", often outside the formal or state health system. Weak links in the TB chain (a chain that includes detection, treatment and care) lead to such people being missed.

"Quality TB care for millions worldwide has driven down TB deaths," says Dr Mario Raviglione, WHO Director of the Global TB Programme. "But far too many people are still missing out on such care and are suffering as a result. They are not diagnosed, or not treated, or information on the quality of care they receive is unknown." WHO estimates that 75% of the three million missed cases are in 12 countries.

On the second challenge, the problem is not only that the links in the MDR-TB chain are weak, but that the links are simply not there yet, the report suggests.

WHO estimates that 450 000 people fell ill with MDR-TB in 2012 alone. China, India and the Russian Federation have the highest burden of MDR-TB followed by 24 other countries.

While the number of people detected worldwide with rapid diagnostic tests increased by more than 40% to 94 000 in 2012, three out of four MDR-TB cases still remain without a diagnosis. Even more worrying, around 16 000 MDR-TB cases reported to WHO in 2012 were not put on treatment, with long waiting lists increasingly becoming a problem. Furthermore, many countries are not achieving high cure rates due to a lack of service capacity and human resource shortages.

“The unmet demand for a full-scale and quality response to multidrug-resistant tuberculosis is a real public health crisis,” says Dr Raviglione. “It is unacceptable that increased access to diagnosis is not being matched by increased access to MDR-TB care. We have patients diagnosed but not enough drug supplies or trained people to treat them. The alert on antimicrobial resistance has been sounded; now is the time to act to halt drug-resistant TB.”

A further challenge identified relates to the TB and HIV co-epidemic. While there has been significant progress in the last decade in scaling-up antiretroviral treatment for TB patients living with HIV, less than 60% were receiving antiretroviral drugs in 2012. This, the report urges, must improve.

Five priority actions

The WHO report recommends five priority actions that could make a rapid difference between now and 2015.

1. Reach the 3 million TB cases missed in national notification systems by expanding access to quality testing and care services across all relevant public, private or community based providers, including hospitals and NGOs which serve large proportions of populations at risk.
2. Address with urgency the MDR-TB crisis. Failure to test and treat all those ill with MDR-TB carries public health risks and grave consequences for those affected. High-level political commitment, ownership by all stakeholders, adequate financing and increased cooperation are needed to solve bottlenecks in drug supply and build capacity to deliver quality care.
3. Intensify and build on TB-HIV successes to get as close as possible to full antiretroviral therapy (ART) coverage for people co-infected with TB and HIV.
4. Increase domestic and international financing to close the resource gaps – now estimated at about US\$ 2 billion per year – for an effective response to TB in low- and middle-income countries. Full replenishment of the Global Fund is essential, given that most low-income countries rely heavily on international donor funding, with the Global Fund providing around 75% of financial resources in these countries.
5. Accelerate rapid uptake of new tools – through technology transfer and operational research to ensure that countries and communities most at risk benefit from these innovations.

The report is based primarily on data provided by WHO’s Member States. In 2013 data were reported by 178 Members States and a total of 197 countries and territories that collectively have more than 99% of the world’s TB cases.

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SAMPLE PRESS ADVISORY

PRESS ADVISORY

INFORMATION EMBARGOED TILL WEDNESDAY, 13 OCTOBER 2010,

11:00 IST

**PRESS CONFERENCE ON AN ACTION PLAN THAT LAYS THE FOUNDATION FOR ELIMINATION OF
TUBERCULOSIS**

WHAT: A new action plan from XYZ lays the foundation for TB elimination. The Global Plan to control TB 2011-2015: Transforming the Fight - Towards Elimination of Tuberculosis, for the first time, identifies all the research gaps that need to be filled to bring rapid TB tests, faster treatment regimens and a fully effective vaccine to market. It also shows public health programmes how to drive universal access to TB care, including how to modernize diagnostic laboratories and adopt revolutionary TB tests that have recently become available.

WHO: Jorge Sampaio, the UN Secretary-General's Special Envoy
Zsuzsanna Jakab, WHO Regional Director for Asia

WHEN: Wednesday 13 October, 10:15

WHERE: WHO Office, New Delhi

About the XYZ organization

For interviews please contact:
Name of Public Relations Officer
Organization
[Email id](#)
Phone number

Commented [ER1]: Suggest providing exact address. Also, can you provide a dial-in number for journalists who cannot attend in person?

Commented [SD2]: This is an example and not a format for CTD to follow



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Workshop on Effective Media Engagement in TB Control

Session 6: Crisis Communication



Session 6: Crisis Communication

Session Overview:

- Crisis Incubation
- Where does crisis begin?
- The cost of not planning?
- What's different now?
- Preparing & Managing Crisis

Session 6: Crisis Communication

Learning Objectives:

- Empower participants with the tools for being prepared for handling crisis situations.
- Understanding the nature of a crisis and how it can impact the organisation / department
- The degree of preparedness required to effectively communicate with key stakeholders during and after a crisis
- Managing the media with transparency and accountability, with appropriate tools of communication

What is a Crisis?

- **Crisis:** Any situation that is threatening or could threaten to harm people or property, seriously interrupt business, significantly damage reputation and/or negatively impact the bottom line
- Scenario 1: A doctor from government hospital speaks to his friend over dinner party, about deaths of few MDR TB patients in the district hospital. The next day it's a front page news
- Scenario 2: TB medicines not available in a given state for more than 3 weeks. All chemists and hospitals are out-of-stock



Crisis Incubation

The incubation of issues into crises results from a number of cultural factors:

- Denial of possibilities
- Internalization
 - The spokespersons have not internalized the values of the company and thus unable to communicate / action accordingly
- Compliance with organization systems and processes
- Monitoring of systems and processes
- Blame Culture

Where does a Crisis Begin?

INTERNAL

- Environmental Issue/Accident
- Investigation/Lawsuit/Fine/Settlement
- Poor Financials/Stock Performance
- Structure/Ownership Issue
- Management Change/Dismissal
- Incident/Allegation of Mismanagement
- Incident/Allegation of Wrongdoing
- Consumer Complaint/Issue
- Product Defect/Recall
- Employee Complaint/Issue
- Labor Dispute
- Workplace Injury/Fatality

EXTERNAL

- Natural Catastrophe
- Terrorist/Criminal Threat/Incident
- Activist Issue/Protest

Of the 15 major crisis categories, only 3 have predominantly external triggers.

More than 75% of all corporate crises are triggered from within.

Timeless Characteristics of a Crisis



- Surprise
- Insufficient information
- Escalating flow of events
- Loss of control
- Intense scrutiny from outside
- Siege mentality
- Panic
- Short Term Focus

So What's Different Now?



We are all connected



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Everyone is a Journalist Now

The Whole World Is Watching

By THOMAS L. FRIEDMAN

Published: June 27, 2007

Three years ago, I was catching a plane at Boston's Logan airport and went to buy some magazines for the flight. As I approached the cash register, a woman coming from another direction got there just behind me — I was in line. But when I put my money down to pay, the woman said in a very loud voice: "I was here first!" And then she fixed me with a piercing stare that said: "I am the one you are." I said I was very sorry, but I was clearly there first.



Fred R. Conrad/The New York Times

If that happened today, I would have had a very different reaction. I would have said: "Miss, I'm so sorry you're entirely in the wrong. Please, go ahead. And I'll buy your magazines for you? May I please shine your shoes for you?"

Why? Because if a woman has a blog or a camera in her cell phone, and if she so chose, tell the whole world about our country entirely from her perspective — and my utterly boorish, arrogant, thinks-he-can-butt-in-line behavior. Yikes!

“When everyone has a blog, a MySpace page or Facebook entry, everyone is a publisher. When everyone has a cell phone with a camera in it, everyone is a paparazzo. When everyone can upload video on YouTube, everyone is filmmaker.”

MANAGING CRISIS

- Speed / early
- Credible source
- Take control
- Show concern



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Pre-crisis Preparation

1. Anticipate Crisis
 - Do you or team have a crisis plan?
 - Do you know where to find it?
2. Identify Your Crisis Communications Team
 - Do you have a dedicated crisis management team? It should ideally consist of people who are in the know of the situation
 - Do you know the names and contact details of every person in that crisis team?
3. Identify and train spokesperson
 - Do you know your policy on providing statements to the media?
 - Do you know the first point of contact if you or your team is approached by the media – is it you?
4. Identify and know your stakeholders

Managing your crisis

- Recognise it quickly
- Be seen to take action
- Be heard to say the right things
 - Weigh up the risks
 - How great is the risk?
 - How widespread?
 - How many people are affected by it?

When a Crisis Hits

1. Assess the Crisis situation and risk
2. Don't panic
3. Finalise, adapt key messages & communicate
4. Isolate the team
5. Stick to the plan
6. Log everything - Analysis
7. Three moral rules
 - Be firm, be positive
 - Tell the truth
 - Keep your promises

Simple Rules in Managing Crisis

- Plan for a crisis in advance.
- React quickly but not in panic. Never say “no comment”
- Clarify your communication objectives.
- Determine one person to coordinate and another as spokesperson. Road test their skills prior to a crisis.
- Identify the best channels of communication & your key message
- Stick to the facts. Show empathy with those affected.
- Develop an open and honest relationship with the media, avoid "No Comment" and be proactive.

Simple Rules in Managing Crisis

- Control the flow of information by releasing statements at pre-determined times. These should be set by you – but try to accommodate journalist's deadlines
- Consider calling a Press Conference so that all journalist's questions can be dealt with at once – but remember in an ongoing incident regular updates will be required
- Use the Three Golden Rules (Know your Topic, Be Prepared, Relax) to perform at your best.

Group Activity : Crisis Scenarios

Group Activity:

1. *100 people die of TB in UP district in a given month*
 2. *No TB medicines available in AP for over 1 month*
 3. *New cases of MDR detected in Dharavi*
- Divide into three groups, plan crisis response and share it with the rest of the participants
 - Who would you choose as your spokesperson
 - What would be your key messages?
 - What activities would you do to engage the media effectively?

Multi-Agency Communications

- Know your counterparts
- Understand reporting structures
- Work together
- Take ownership – ‘not my job’ does not apply in a crisis



Ten reminders about using media to safeguard your reputation

- Secure the trust of the media: Be regarded as a reliable source of information
- Prepare for encounters with the media: Have a key message that you want to get across and take the initiative to use in interviews to state and reinforce it.
- What needs to be said?
 - Care: sympathy for the point of view of protestors or for families of bereaved
 - Action: your audience needs to know you will be doing something, even if it is only an internal inquiry
 - Reassurance: that lessons will be learned and/or that you have a good safety/security record and contingency plan

Ten reminders cont'd.....

- Who should say it? Communicate from the top – or as near as it is practicable. Use one named person as spokesman. That person should be a senior member of the organisation
- How should they say it? Keep it simply, talk in everyday language and don't ever use jargon. Keep facts and figures to minimum in interviews (save them for written handouts)
- When should they say it? As soon as possible (but not without preparation) Take a little time to organise the information you need and rehearse your response to likely questions.
- Treat all media seriously – don't neglect any outlet, especially those in your sphere of operation

Ten reminders cont'd....

- Prepare Factsheets: there will be basic information about your organization that will help the media write a well informed and accurate story. Almost all of this can be prepared in advance, as part of the standard press-pack
- Call a press conference: But, only in the case of widespread interest. This way, you can deal with the media in one place at one time, then get on with managing the crisis itself
- **REMEMBER – PERCEPTION ‘IS’ THE REALITY**

Why you should do the interview?

- To make sure your point of view is aired
- To help the journalist get the story right
- If you say 'no' you are missing a marketing opportunity
- If you say 'no comment' when your organisation is under fire, this will be interpreted by the audience as admission of guilt

Why is the journalist doing the story?

- Add value to a story they already have by telling people your version or view of it
- Test out that version/view by challenging it
- Provide illustration to a story
- Seek a story in what you say

Session Summary

- This message of an all-pervasive networked world is reinforced through the Session
- How to effectively engage with the media, with a Crisis Communication Plan and with the appropriate tools and message delivery techniques.
- Always be prepared for Crisis;
 - Anticipate the Crisis
 - Identify Your Crisis Communications Team
 - Identify and train spokesperson
 - Identify and know your stakeholders.
- Managing Crisis tips:
 - Recognise it quickly
 - Be seen to take action
 - Be heard to say the right things.



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Workshop on Effective Media Engagement in TB Control

Session 7: Summary and Wrap-Up



Session 7: Summary & Wrap-Up

Summary of the Workshop Sessions

- Session 1: Welcome & Introduction to Media
- Session 2: Journalism; Journalists; What is News
- Session 3: Media Speak
- Session 4: Media Engagement: Role of Spokesperson
- Session 5: Media Engagement: - Tools of Media Engagement; Media Interview Simulations & Tool Kit
- Session 6: Crisis Communication

Session 7: Summary & Wrap Up

- **Review of Training Workshop Goal:**

The goal of Media Training Workshops is to motivate IEC officers into developing their capacity as they work for a 'TB free India' and who will utilize opportunities available in Indian media to effectively communicate, publicize and highlight the ongoing programmes, initiatives against TB.

Session 7: Summary & Wrap Up

- Review of Learning Objectives
- **Session 1 : Learning Objectives:**
 - Understand the importance of the media
 - Describe why media is important for RNTCP
 - Name three emerging trends in media
 - Identify five key media houses
 - Know how a typical media house is organised
 - Understand the news cycle in a newspaper and a magazine

Session 7: Summary & Wrap Up

- Review of Learning Objectives
- **Session 2 : Learning Objectives:**
 - Understand the basic principles of journalism: Truth, objectivity, fairness, facts and communication
 - Know the perspective of journalists, and their expectations
 - Grasp the elements / ingredients of a good media story
 - Comprehend what makes for news
 - Identify the ‘news value’ of news being offered to the media.

Session 7: Summary & Wrap Up

- Review of Learning Objectives
- **Session 3 : Learning Objectives:**
 - Understand how the Indian media is covering TB
 - Face-to-face with a senior mediaperson: With an opportunity for personal interaction;
 - Q&A session with guest speaker on media-related issues and topics.

Session 7: Summary & Wrap Up

- Review of Learning Objectives
- **Session 4 : Learning Objectives:**
 - Understand qualities of a good spokesperson
 - Role of spokesperson in engaging with media
 - Importance of Key Messages; standardised messages that are clear, concise and memorable.

Session 7: Summary & Wrap Up

- Review of Learning Objectives
- **Session 5 : Learning Objectives:**
 - Understand message delivery techniques of bridging, flagging and hooking
 - Learn to speak with the media, with practice through mock sessions on how to face camera
 - Understand the tools of media engagement and its application
 - Effectively using the Media Toolkit.

Session 7: Summary & Wrap Up

- Review of Learning Objectives
- **Session 6 : Learning Objectives:**
 - Empowered with the tools for being prepared for handling crisis situations
 - Understanding the nature of a crisis and how it can impact the organisation / department
 - The degree of preparedness required to effectively communicate with key stakeholders during and after a crisis
 - Managing the media with transparency and accountability, with appropriate tools of communication.

Any final questions?



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Feedback from participants

- Post test
- Final Evaluation form – Handout #
- Experience sharing
- Certificate distribution

Logistic announcement

- TA/DA clearance

Closing Ceremony

Pre-Test: Media Training Session

19 November 2013

1. What are the top three characteristics of a good journalist?
2. Which out of the following decisions is not taken at the news desk level?
 - Layout of the page
 - Headline of the story
 - Priorities of the newspaper
 - Copy edit
3. What are the four new techniques you have learnt today for delivering your messages efficiently in a media interview?
4. What is the internet penetration in India?
 - 7%
 - 30%
 - 45%
 - 2%
5. Rank the flow of news in a media house:
 - Bureau
 - Printing Press
 - Editorial Meeting
 - Desk
 - Journalist
6. Name five tools of media engagement?

7. Rank the following in order of seniority:

- Reporter
- Business Editor
- Editor
- Desk Editor

8. Which regional newspaper has the highest circulation in India?

- Dainik Hindustan
- Amar Ujala
- Dainik Bhaskar
- Dainik Jagran

9. Name some of the most important tools to reach out to media with CTD development news.

10. What are the three things that make a good news story?

11. Mark the following statements true or false:

- Strong public relations policy is the single most important aspect of a crisis plan.
- A journalist is the main person who decides the placement and size of his story

FEEDBACK FORM

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I will be able to apply the knowledge learned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The training objectives for each topic were identified and followed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The content was organized and easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The materials distributed were pertinent and useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The trainer was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The quality of instruction was good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The trainer met the training objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Class participation and interaction were encouraged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Adequate time was provided for questions and discussion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How do you rate the training overall?					
Excellent	Good	Average	Poor	Very poor	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. What aspects of the training could be improved?					
11. Other comments?					

THANK YOU FOR YOUR PARTICIPATION!